## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000058793

Entity Name: ELIAS BROTHERS COMMUNITIES, INC

FILED Apr 20, 2005 Secretary of State

Entity Name: ELIAS BROTHERS COMMUNITIES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
15100 COLLIER BLVD NAPELS, FL 34119				15100 COLLIER BLVD NAPLES, FL 34119		
Current Mailing Address:			New Maili	New Mailing Address:		
15100 COLLIER BLVD NAPELS, FL 34119				15100 COLLIER BLVD NAPLES, FL 34119		
FEI Number:	56-2435721	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ELIAS, OVA 15100 COL NAPLES, F	LIER BLVD L 34119	US	reacc of changing i	to registered of	fice or registered agent or both	
in the State		y submits this statement for the pur	rpose of changing i	ts registered or	tice or registered agent, or both,	
SIGNATUR	E:					
Election Cam		onic Signature of Registered Agent ing Trust Fund Contribution ( ).	t		Date	
OFFICERS	AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ELIAS, OVAE 15100 COLL NAPELS, FL	IER BLVD	Title: Name: Address: City-St-Zip:	P (X) ELIAS, OVADIA 15100 COLLIER NAPLES, FL 34		
Title: Name: Address: City-St-Zip:	VSD ALICE, MEIR 15100 COLL NAPELS, FL	IER BLVD	Title: Name: Address: City-St-Zip:	VS (X) ALICE, MEIR 15100 COLLIER NAPLES, FL 34		
Title: Name: Address: City-St-Zip:	TD ALIAS, AVIEI 15100 COLL NAPLES, FL	IER BLVD	Title: Name: Address: City-St-Zip:	T (X) ALIAS, AVIEL 15100 COLLIER NAPLES, FL 34		
Title: Name: Address: City-St-Zip:		( ) Delete	Title: Name: Address: City-St-Zip:	V () YITZHAK, RAHA 15100 COLLIER NAPLES, FL 34	BLVD	
Title: Name: Address: City-St-Zip:		( ) Delete	Title: Name: Address: City-St-Zip:	V () ALIAS, ILAN 15100 COLLIER NAPLES, FL 34		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVADIA ELIAS P 04/20/2005