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Secretary of State

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02182005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060142

1. Entity Name
ELI'ADA, INC.

Principal Place of Business	Mailing Address
7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	5765 SW 117 STREET MIAMI, FL 33156

2. Principal Place of Business	3. Mailing Address
7955 N.W 12th St.	7955 N.W 12th st.
Suite, Apt. #, etc. Suite # 400	Suite, Apt. #, etc. Suite # 400
City & State Miami FL	City & State Miami FL
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 11-3691354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPONICK, EVELYN 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	Name Chaponick, Evelyn Street Address (P.O. Box Number is Not Acceptable) 7955 N.W 12th St. Suite 400 City Miami FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DADLANI, GIOVANNA 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	☐ Delete	PTD DADLANI GIOVANNA 7955 N.W 12th Suite 400 Miami FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DADLANI, LAKHI 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	☐ Delete	VSD DADLANI LAKHI 7955 N.W 12 st. suite 400 Miami, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Giovanna Dadlani P. 4/6/05 305 6677157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #