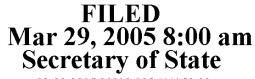
2005 FOR PROFIT CORPORATION



ANNUAL REPURT						, Secretary of State				
DOCUMENT # P03000069731 1. Enlity Name ELITE BUILDING CONSULTANTS, INC.					03-29-2005 90018 005 ***150.00					
Principal Plac 3421 TORTU NAPLES, FL	GA WAY	Mailing Address 3421 TORTUGA WAY NAPLES, FL 34105								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222005	Chg-P	CR2E034 (10/03)			
City & State		City & State					plied For t Applicable			
Zip	Country	Zip	Country		5. Certificate	of Status Desired		75 Add Require		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agen	t		
ESPINOSA, ALEJANDRO J				Name						
3421 TOR NAPLES, F			Street Address (P.O. Box Numbe	r is Not Acceptab	le)		,		
				City		·	FL.	Zip Cod	е	
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										
Signature, typed or printed name of registered agent and offe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OF	FICERS AND DIR	ECTORS	S IN 11	
TITLE	P Detete Ti		TITLE					Change	Addition	
NAME	ESPINOSA, ALEJANDRO J		NAME				_	·		
STREET ADDRESS	3421 TORTUGA WAY		STREET	ADDRESS						
CITY-ST-ZIP			CITY-ST	T-ZIP						
TITLE	·— \		TITLE					Change	☐ Addition	
NAME STREET ADDRESS	·		NAME	ADDRESS						
CITY-ST-ZIP			CITY-ST	1			.,,			
TITLE	☐ Delete		TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME	ADDRECC						
CITY-ST-ZIP			GITY-ST	ADDRESS T- ZIP		·				
TITLE	☐ Delete		TITLE					Change	■ Addition	
NAME STREET ADDRESS			NAME	ADDRESS						
CITY-ST-ZIP			CITY-ST							
TITLE	· Delete		TITLE					Change	☐ Addition	
NAME			NAME				_			
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	ADDRESS						
	***			1-215				Chagge		
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-ST	Γ-ZIP	· · · · · · · · · · · · · · · · · · ·					
40										

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 AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date