

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90720 004 ***150.00

DOCUMENT # P03000073754 1. Entity Name ELITE MANAGEMENT, INC.			
Principal Place of Business 250 BIRD ROAD STE 302 CORAL GABLES FL 33146		Mailing Address 250 BIRD ROAD STE 302 CORAL GABLES FL 33146	
2. Principal Place of Business 6600 WEST ROGERS CIRDE Suite, Apt. #, etc. 10		3. Mailing Address 6600 WEST ROGERS CIRCLE Suite, Apt. #, etc. 10	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33487	Country USA	Zip 33487	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 753127053		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, JOSEPH F 250 BIRD ROAD STE 302 CORAL GABLES FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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PROSIDENT SECRETRES
ALICIA BERNAL
6364 LACOSTA DR # A
BOCA RATON FL 33433

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: *Alicia Bernal* 4-27-04 581-995-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #