


**2005 FOR PROFIT CORPORATION,  
ANNUAL REPORT**


**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90066 046 \*\*\*150.00

<b>DOCUMENT # P03000079687</b> 1. Entity Name ELAUDER.CORP	
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Principal Place of Business 10541 SW 54 ST MIAMI, FL 33165	Mailing Address 10541 SW 54 ST MIAMI, FL 33165
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**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0119588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LAUDERMAN, JOSEPHINE E  
10541 SW 54 ST  
MIAMI, FL 33165

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

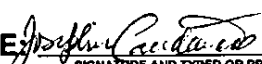
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUDERMAN, JOSEPHINE E 10541 SW 54 ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAUDERMAN, JORGE A 10541 SW 54 ST. MIAMI, FL 33165 <u>DELETE</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAUDERMAN, PATRICIA E 10541 SW 54 ST. MIAMI, FL 33165 <u>DELETE</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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**  **Josephine Lauderman** **2-26-2005** **305-279-4410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #