2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086831

Entity Name: ELILOU ENTERPRISES, INC

FILED May 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GHT TRAILS E, FL 34746				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	GHT TRAILS E, FL 34746				
FEI Number:	90-0138187	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
4140 TWILI	, LOURDES GHT TRAILS E, FL 34746	US			
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.					
SIGNATURE:					
		c Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () MARRERO, ELIU 4140 TWILIGHT KISSIMMEE,, FL	TRAILS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MARRERO, LOU 4140 TWILIGHT KISSIMMEE,, FL	TRAILS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () PETTET, LIZA L 624 KANGAROC KISSIMMEE, FL	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () MARRERO, ELIU 1344 BURNLEY KISSIMMEE, FL	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OFF () MARRERO, VAN 4140 TWILIGHT KISSIMMEE,, FL	TRAILS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OFF () MARRERO, OM/ 2001 RAMROD / HENDERSON, N	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIU MARRERO PRES 05/02/2009