2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT					_	FILEC	)	
DOCUMENT # P03000088413  1. Entity Name ELMINA, INC.					O7 FALL	AUG 20 PA RETARY OF MASSEE, F	4	
Principal Placi 8511 NW 50 LAUDERHILL,	TH STREET	Mailing Address 8511 NW 50TH STREET LAUDERHILL, FL 33351			T. Robe	nts AUG 23	2 <b>007</b> :	
5940 N	lace of Business - No PO Box #	3. Mailing Address						
Suite, Apt.	<del></del>	Suite, Apt. #, etc.			08102007	Chg-P	CR2E034 (12/06	
City & State	oill FL	City & State			4. FEI Numbe 05-058		<del>+</del>	Applied For Not Applicable
33313	6. Name and Address of Curren	Zip	Country			of Status Desired  Address of New F	S8.75 A	
HILLIMAN, PHILBERT 3551 NW 95 TERRACE #303 SUNRISE, FL 33351				Name Bobby Romarine Street Address (PO Box Number is Not Acceptable)  715 NW 49 Ave  City Plantation FL Zip Code 33317				
	named entity submits this statement ions of registered agod!  Signature, typed or printed rights of registered agor	. Komna		or register	red agent, or bot	h. in the State of Fi	71	n, and accept
Am	ended AR is \$61.25	9. Election Campa Trust Fund Con			.00 May Be led to Fees			
TITLE PIAME STREET ADDRESS CITY-ST-ZIP	P RUDDOCK, ANN-MARIE V 8511 NW 50TH STREET LAUDERHILL, FL 33351	DIRECTORS  Delete	11.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	1306 13.5 7.5	by Ramac NW 49 AV	-`~	FICERS AND DIRECTO Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURTON, RAQUEL 8511 NW 50TH STREET LAUDERHILL, FL 33351	□ Delcie	TITLE NAME STREET ADDRES CITY-ST-ZIP	5te 5 715	phonie Ro NW 49 p	noorine tre	<b>⊠</b> Change	e 🔲 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dolete	NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY ST-ZIP	s			☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delote	NAME NAME STREET ADDRES CITY-ST-ZIP	S			☐ Change	e 🔲 Addition
12. I nereby indicated of the co-changed	certify that the information supplied vi on this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	th this filing does not quality to its true and accurate and that powered to execute this deport, with all other like corpowered.	for the exemption my signature sha it as required by 0 d	s contained Il have the Chapter 60	d in Chapter 119 same legal effec 7, Florida Statute	), Florida Statutes as if made under s, and that my nan	I further certify that the oath; that I am an officine appears in Block 10	information er or director or Block 11 if
SIGNAI	SIGNATURE AND VPED OF	R PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR			Date	Daylane Phone	*

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