FILED
Jun 15, 2005 8:00 am
Secretary of State
05-04-2005 90106 020 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000101959

1. Entity Name
INVESTMENTS ELOHIM'S CORP.

66023083

Principal Place of Business	Mailing Address
7926 NW 67TH STREET MIAMI, FL 33166	7926 NW 67TH STREET MIAMI, FL 33166

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11400 SW 55 Street	11400 SW 55 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: [illegible] Country: 33165	Zip: FL Country: 33165

4. FEI Number: 760342327 ☐ Applied For ☐ Not Applicable
~~NOT APPLICABLE~~

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANTILLA, BETSY 14650 NW BULL RUN ROAD MIAMI LAKES, FL 33014	Name: AYMARA HERNANDEZ Street Address (P.O. Box Number Is Not Acceptable): 11400 SW 55 STREET City: Miami FL Zip Code: 33165

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] Ms. Mantilla [signature] 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANTILLA, BETSY 14650 NW BULL RUN ROAD MIAMI LAKES, FL 33014	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERNANDEZ, HECTOR R CENTRO COMERCIAL PLZ MAYOR EDIF 5 PLATA BA LECHERIA EDO ANZUATEGUI, VEN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE HERNANDEZ, OMAIRA GUEVARA CENTRO COMERCIAL PLZ MAYOR EDIF 5 PLATA BA LECHERIA EDO ANZUATEGUI, VEN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARCO LUCIANI 14650 NW BULL RUN RD #132 MIAMI, FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AYMARA HERNANDEZ 11400 SW 55 STREET MIAMI, FL 33165	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Mr Lucini 4/25/05 (305)-505-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #