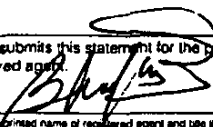
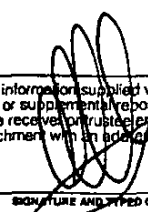


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-04-2005 90106 020 ***150.00

DOCUMENT # P03000101959			
1. Entity Name INVESTMENTS ELOHIM'S CORP.			
Principal Place of Business 7926 NW 67TH STREET MIAMI, FL 33166		Mailing Address 7926 NW 67TH STREET MIAMI, FL 33166	
2. Principal Place of Business 11400 SW 55 Street		3. Mailing Address 11400 SW 55 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip FL	Country 33165	Zip FL	Country 33165
6. Name and Address of Current Registered Agent MANTILLA, BETSY 14650 NW BULL RUN ROAD MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent AYMARA HERNANDEZ 11400 SW 55 Street MIAMI, FL 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:  Ms. Manton DATE: 4/25/05 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when terminating)			
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	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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	☐ 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 addendum, with all other like empowered.			
SIGNATURE:  Mr. Lwesi		DATE: 4/25/05 (305) 405-7895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66023083

