2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P03000109782

Entity Name: ELITE CROWN MOLDING, INC.

Current Principal Place of Business:

P.O. BOX 243064
BOYNTON BEACH, FL 334243064

New Principal Place of Business:

214 PARKWAY CT
WEST PALM BEACH, FL 33413

Current Mailing Address:

P.O. BOX 243064
BOYNTON BEACH, FL 334243064

New Mailing Address:

214 PARKWAY CT
WEST PALM BEACH, FL 33413 US

FEI Number: 56-2373862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVES, MARISOL
135 TARA LAKES DR. WEST
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

LEAL, CESAR
214 PARKWAY CT
WEST PALM BEACH, FL 33413 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: CESAR LEAL 04/19/2005
Electronic 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:

Title: D ( ) Delete
Name: LEAL, CESAR
Address: P.O. BOX 243064
City-St-Zip: BOYNTON BEACH, FL 334243064

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEAL, CESAR
Address: 214 PARKWAY COT
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: VP ( ) Change (X) Addition
Name: LEAL, MARIA
Address: 214 PARKWAY CT
City-St-Zip: WEST PALM BEACH, FL 33413 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CESAR LEAL P 04/19/2005
Electronic Signature of Signing Officer or Director Date