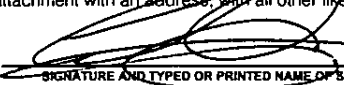


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 029 ***150.00

DOCUMENT # P03000146303 1. Entity Name ELITE INVESTORS GROUP, INC.					
Principal Place of Business 8725 NW 18 TE 219 MIAMI, FL 33172			Mailing Address 8725 NW 18 TE 219 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 8501 SW. 124 AVE		3. Mailing Address 8501 SW. 124 AVE			
Suite, Apt. #, etc. SUITE #202		Suite, Apt. #, etc. SUITE #202			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-4172756	
Zip 33183		Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, ARMANDO JR. 8725 NW 18 TE 219 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name RUIZ, ARMANDO JR. Street Address (P.O. Box Number is Not Acceptable) 8501 SW. 124 AVE SUITE #202 City MIAMI FL Zip Code 33183	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
...FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME RUIZ, ARMANDO STREET ADDRESS 8725 NW 18 TE #219 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE P NAME RUIZ, ARMANDO STREET ADDRESS 8501 SW. 124 AVE Ste #202 CITY-ST-ZIP MIAMI, FL 33183	☒ Change ☐ Addition	
TITLE V.P. NAME CARLOS, HERNANDEZ A STREET ADDRESS 8725 NW 18 TE #219 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE V.P. NAME CARLOS, HERNANDEZ A STREET ADDRESS 8501 SW. 124 AVE Ste #202 CITY-ST-ZIP MIAMI, FL 33183	☒ 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	
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 exemptions contained 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 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:  ARMANDO RUIZ (President) 2/5/08 (305) 718-1100 _____ Date _____ Daytime Phone # _____					

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