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Secretary of State
02-08-2008 90023 029 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146303

1. Entity Name
ELITE INVESTORS GROUP, INC.

40020446

01312008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
8725 NW 18 TE 219 MIAMI, FL 33172	8725 NW 18 TE 219 MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box # 8501 SW. 124AVE	3. Mailing Address 8501 SW. 124AVE
Suite, Apt. #, etc. SUITE #202	Suite, Apt. #, etc. SUITE #202
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33183 Country DADE	Zip 33183 Country DADE

4. FEI Number 20-4172756 ☐ Applied For ☐ Not Applicable

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 ______________________
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, 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	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	RUIZ, ARMANDO		NAME	RUIZ, ARMANDO	
STREET ADDRESS	8725 NW 18 TE #219		STREET ADDRESS	8501 SW. 124AVE Ste #202	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	V.P.	☐ Delete	TITLE	V.P	☑ Change ☐ Addition
NAME	CARLOS, HERNANDEZ A		NAME	CARLOS, HERNANDEZ A	
STREET ADDRESS	8725 NW 18 TE #219		STREET ADDRESS	8501 SW. 124 AVE Ste #202	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #