

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149870

FILED
Apr 17, 2008
Secretary of State

Entity Name: ELIAS BROTHERS COMMUNITIES AT RAFFIA PRESERVE, INC.

Current Principal Place of Business:

27599 RIVERVIEW CENTER BLVD #205
#205
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

27599 RIVERVIEW CENTER BLVD
#205
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 56-2435723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YITZHAK, RAHAMIM
4206 ENTERPRISE AVE
#A7
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: ELIAS, OVADIA R
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: V () Delete
Name: YITZHAK, RAHAMIM
Address: 27599 RIVERVIEW BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: V () Delete
Name: ALIAS, ILAN
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ELIAS, ILAN
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OVADIA R ELIAS

DPTS

04/17/2008

Electronic Signature of Signing Officer or Director

Date