

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90010 004 \*\*\*150.00

DOCUMENT # P04000015326

1. Entity Name

ELBAZ, INC.



Principal Place of Business

200 LESLIE DR  
831  
HALLANDALE BEACH FL 33009

Mailing Address

200 LESLIE DR  
831  
HALLANDALE BEACH FL 33009

2. Principal Place of Business - No P.O. Box #

1410 S. OCEAN DR.

3. Mailing Address

1410 S. OCEAN DR.

Suite, Apt. #, etc.

1704

Suite, Apt. #, etc.

1704

City & State

Hollywood FL.

City & State

Hollywood FL.

Zip

33019

Country

USA

Zip

33019

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0623217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELBAZ, RICHARD  
200 LESLIE DR  
831  
HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ELBAZ, RICHARD	
STREET ADDRESS	200 LESLIE DR #831	
CITY-STATE-ZIP	HALLANDALE BEACH FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELBAZ, DOLORES	
STREET ADDRESS	200 LESLIE DR #831	
CITY-STATE-ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Elbaz  
PRESIDENT

Date

1/27/08 (954) 817-3237

Telephone Number