

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025887

FILED
Apr 08, 2009
Secretary of State

Entity Name: ELITE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

15705 NW 13 AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

15705 NW 13 AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-0710233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVOREDO, MARIA
15705 NW 13 AVENUE
MIAMI, FL 33169 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: D () Delete
Name: REVOREDO, MARIA
Address: 717 SW 122 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: BENITEZ, ANTOLIN
Address: 5951 NW 201 LN
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: BENITEZ, PEDRO
Address: 7601 E TREASURE DR STE. 1
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: O'FARRILL, RUBEN D
Address: 19433 NW 62 PL
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REVOREDO, MARIA
Address: 15973 SW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

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

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

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

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: MARIA REVOREDO

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date