
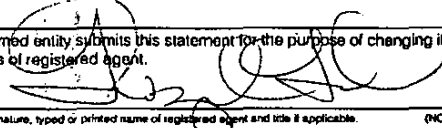
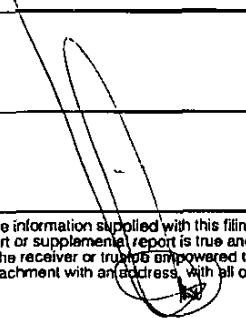


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90178 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # P04000026139 | |  | |
| 1. Entity Name ELIOSER INVESTMENTS, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 2. Principal Place of Business 132 MINORCA AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 132 MINORCA AVENUE Suite, Apt. #, etc. | |
| City & State CORAL GABLES FL | | City & State CORAL GABLES FL | |
| Zip 33134 | Country USA | Zip 33134 | Country USA |
| 4. FEI Number 51-0497141 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAMARGO, JUAN 1101 BRICKELL AVENUE SOUTH TOWER 701 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name GRIZEL GIL Street Address (P.O. Box Number is Not Acceptable) 132 MINORCA AVENUE City CORAL GABLES FL Zip Code 33134 | |
| 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  DATE 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD CARDENAS, SERGIO MEDINA CENTRAL DE ABASTOS IZTAPALAP BODEGA Q-99 MEXICO DF CP 09040. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  | | Date _____ Daytime Phone # _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |