2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# P04000062275

Entity Name: ELSHADAI OF JAX CORP

Current Principal Place of Business:

10263 WHISPERING FOREST DR
1102
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

4030 AUGUSTINE GREEN CT
JACKSONVILLE, FL 32257 US

Current Mailing Address:

10263 WHISPERING FOREST DR
1102
JACKSONVILLE, FL 32257 US

New Mailing Address:

4030 AUGUSTINE GREEN CT
JACKSONVILLE, FL 32257 US

FEI Number: 20-1026333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 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: P ( ) Delete
Name: GRACAS, FABIANO L
Address: 10263 WHISPERING FOREST DR #1102
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D (X) Delete
Name: FERREIRA NETO, BENEDITO M
Address: 10263 WHISPERING FOREST DR #1102
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D (X) Delete
Name: SANTOS, JOELSON M
Address: 10263 WHISPERING FOREST DR #1102
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: V (X) Delete
Name: ALVES RIBEIRO, ANA CAROLINE
Address: 10263 WHISPERING FOREST DR
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRACAS, FABIANO L
Address: 4030 AUGUSTINE GREEN CT
City-St-Zip: JACKSONVILLE, FL 32257 US

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 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: FABIANO LIMA GRACAS P 02/28/2007

Electronic Signature of Signing Officer or Director — Date