


2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/1 **FILED**
Apr 18, 2005 8:00 am
Secretary of State

03-18-2005 90048 021 ***150.00

DOCUMENT # P04000063367

1. Entity Name
ELIAS & MARWAN, INC.



Principal Place of Business
**4706 NE 12TH AVENUE
 OAKLAND, FL 33334**

Mailing Address
**4706 NE 12TH AVENUE
 OAKLAND, FL 33334**

66010322



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
20-1005837

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAAD, MARWAN
 4706 NE 12TH AVENUE
 OAKLAND, FL 33334**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD <input type="checkbox"/> Delete
NAME	SAAD, MARWAN
STREET ADDRESS	801 S FEDERAL HWY #417
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	VT <input type="checkbox"/> Delete
NAME	MOUTSOPOULOS, ELIAS
STREET ADDRESS	4706 NE 12TH AVENUE
CITY - ST - ZIP	OAKLAND, FL 33334
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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: *ELIAS MOUTSOPOULOS* **VT** 3/15/05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year