

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P04000076460						
1. Entity Name ELM INVESTMENTS INC						
Principal Place of Business 1938 SW 24 TERRACE MIAMI, FL 33145 US			Mailing Address 1938 SW 24 TERRACE MIAMI, FL 33145 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-1129807		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MUSCILLO, ELAINE 1938 SW 24 TERR MIAMI, FL 33145			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 I accept the obligations of registered agent. SIGNATURE: <u>Elaine Muscillo</u> 1-21-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME MUSCILLO, ELAINE		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1938 SW 24 TERR	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	CITY-ST-ZIP	000000807997 02/07/08-80030-022 150.00	
TITLE V	NAME MUSCILLO, LENNY		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1938 SW 24 TERR	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	NAME 	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Elaine Muscillo</u>				1-21-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		
305 886 1346				<small>Daytime Phone #</small>		