

**2007. FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000089251

1. Entity Name
ELITE SELECTIONS, INC.



**FILED
May 09, 2007 8:00 am
Secretary of State**

05-09-2007 90097 013 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 17239 NW 73RD AVE. MIAMI FL 33105 US	Mailing Address 17239 NW 73RD AVE. MIAMI FL 33105 US
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2. Principal Place of Business No P.O. Box # 1647 SW 116th Ave.	3. Mailing Address 1647 SW 116th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL	FEI Number 36-4556410	Applied For Not Applicable
Zip 33025	Country USA	Zip 33025	Country USA

6. Name and Address of Current Registered Agent FAIRCLOTH, MARI C 17239 NW 73RD AVE. 1647 SW 116th Ave. MIAMI FL 33105 Pembroke Pines, FL 33025	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAIRCLOTH, MARI C 17239 NW 73RD AVE. 1647 SW 116th Ave. MIAMI FL 33105 Pembroke Pines, FL 33025	<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
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carmen Faircloth *4/21/07* *205-646-0243*
4/21/07 *954-438-6725*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #