

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000089737

1. Entity Name
ELITE HOLDINGS GROUP V, INC.



Principal Place of Business
**152 NE 167TH ST, STE.#300
MIAMI, FL 33162**

Mailing Address
**152 NE 167TH ST, STE.#300
MIAMI, FL 33162**

FILED
Feb 19, 2008 08:00 AM
Secretary of State



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0604833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CIVIL TRIAL PRACTICE, P.A.
152 NE 167TH STREET
SUITE #300
MIAMI, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**U0000008931832
02/27/08-80034-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AELION, DAVID
STREET ADDRESS	152 NE 167TH STREET #300
CITY-ST-ZIP	MIAMI, FL 33162

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Aelion **David Aelion**

2/14/08 **2/14/08**

3/944-4424 **3/944-4424**

Date

Daytime Phone #