## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000106541

1. Entity Name

ELITÉ HOLDINGS GROUP VI, INC.



Principal Place of Business

152 NE 167TH ST SUITE 300 N MIAMI, FL 33162 Mailing Address

152 NE 167TH ST SUITE 300 N MIAMI, FL 33162

FILED
Mar 15, 2007 08:00 AM
Secretary of State



## DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CIVIL TRIAL PRACTICE, P.A. 152 NE 167 ST STE 300 MIAMI, FL 33162

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title II applicable (NOTE, Registered A				required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AELION, DAVID 152 NE 167TH STREET # 300 N MIAMI, FL 33162				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		U00000667316 03/26/07-80023-017 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	I		I		

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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/09/07 Date

3/949-4424 Davime Phone #