## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000135358**

1. Entity Name

ELITÉ HOLDINGS GROUP VII, INC.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

152 NE 167TH ST STE 300 MIAMI, FL 33162

Mailing Address

152 NE 167TH ST STE 300 MIAMI, FL 33162

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01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1771582

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 167TH ST STE 300 MIAMI, FL 33162

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its reg	gistered office of	registered agent, or b	oth, in the State of Fforida. I am familiar with, and accept		
SIGNATURE.	!						
SIGNATORILL	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Re	gistered Agent signat	re required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE	Р						
NAME	AELION, DAVID		1				
STREET ADDRESS	152 NE 167TH STREET #300						
CFTY-ST-ZIP	MIAMI, FL 33162						
TITLE	VP						
NAME	WEINBERG, MARC K						
STREET ADDRESS	I			U00000795097			
CITY-ST-ZIP				01/28/08-80034-006 150.00			
TITLE							
NAME							
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NAME . +-	NAME *			IN THIS SPACE			
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CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,				and the second of the second o		

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/08

305-944-4424

Daytime Phone #