## **FILED** 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** Mar 15, 2007 08:00 AM Secretary of State DOCUMENT # P04000135359 ELITÉ HOLDINGS GROUP VIII, INC. Mailing Address Principal Place of Business 152 NE 167TH ST SUITE 300 152 NE 167TH ST SUITE 300 MIAMI, FL 33162 MIAMI, FL 33162 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 02162007 4. FEI Number 20-1770805 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CIVIL TRIAL PRACTICE PA 152 NE 167TH ST STE 300 MIAMI, FL 33162 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithms required when reinstating)

## FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE AELION DAVID NAME 152 NE 167TH STREET #500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33162 TITLE WEINBERG, MARC K NAME STREET ADDRESS 152 NE 167TH STREET #500 CITY-ST-ZIP MIAMI, FL 33162 NAME

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. Thereby 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, withat other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR