

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000135359

1. Entity Name
ELITE HOLDINGS GROUP VIII, INC.



Principal Place of Business

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

Mailing Address

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

FILED
Feb 11, 2008 08:00 AM
Secretary of State



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1770805

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 PA
152 NE 167TH ST STE 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 \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000023843
02/20/08-80054-022 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AELION, DAVID 152 NE 167TH STREET #500 MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WEINBERG, MARC K 152 NE 167TH STREET #500 MIAMI, FL 33162 |
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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

2/6/08

Date

3/944-4424

Daytime Phone #