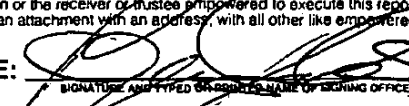


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-28-2005 90079 029 ***150.00

DOCUMENT # P04000145637					
1. Entity Name ELITE FINISHEZ, CORP.					
Principal Place of Business 2391 N.W. 122ND DRIVE CORAL SPRINGS, FL 33065-3241			Mailing Address 2391 N.W. 122ND DRIVE CORAL SPRINGS, FL 33065-3241		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0526835	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOLLECITO, BRIAN D 2391 N.W. 122ND DRIVE CORAL SPRINGS, FL 33065-3241			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	SOLLECITO, BRIAN D		NAME	Sollecito, Brian D	
STREET ADDRESS	2391 N.W. 122ND DRIVE		STREET ADDRESS	2391 NW 122nd Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 330653241		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		☐ Delete	TITLE	V P	☐ Change ☒ Addition
NAME			NAME	Valentin, Sophy	
STREET ADDRESS			STREET ADDRESS	2391 NW 122nd Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/25/05		
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		