2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162250

Title:

Name:

Address: City-St-Zip: PD

DAVIDOW, LARRY

TAMARAC, FL 33321

7401 NW 84 ST

(X) Delete

FILED May 31, 2008 Secretary of State

Entity Name: ELMM, INC. **Current Principal Place of Business: New Principal Place of Business:** 7401 NW 84 ST 10622 PALM SPRINGS DRIVE TAMARAC, FL 33321 BOCA RATON, FL 33428 **Current Mailing Address: New Mailing Address:** 10622 PALM SPRINGS DRIVE 7401 NW 84 ST TAMARAC, FL 33321 BOCA RATON, FL 33428 US FEI Number: 20-1999552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MERTINS, ENRIQUE MERTINS, ENRIQUE Name: Name: 7401 NW 84 ST 10622 PALM SPRINGS DRIVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: BOCA RATON, FL 33428 US Title: Title: PD (X) Change () Addition SEC () Delete Name: SANES, MATT Name: DAVIDOW, LARRY 7401 NW 84 ST 10622 PALM SPRINGS DRIVE Address: Address: TAMARAC, FL 33321 BOCA RATON, FL 33428 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: LARRY DAVIDOW 05/31/2008

() Change () Addition