

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90053 003 \*\*\*150.00

<b>DOCUMENT # P05000008897</b>					
<b>1. Entity Name</b> <b>ELVICORP INC.</b>					
<b>Principal Place of Business</b> 10143 E BAY HARBOR DR #9-A BAY HARBOR, FL 33154			<b>Mailing Address</b> 10143 E BAY HARBOR DR #9-A BAY HARBOR, FL 33154		
<b>2. Principal Place of Business - No P.O. Box #</b> 17875 Collins Avenue		<b>3. Mailing Address</b> 17875 Collins Avenue			
Suite, Apt. #, etc. Suite 1502		Suite, Apt. #, etc. Suite 1502			
City & State Sunny Isles Beach, Fl.		City & State Sunny Isles Beach, Fl.			
Zip 33160		Country USA		01212008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 20-2354922		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>					
FIGUEROS, JUAN PA, CPA 1428 BRICKELL AVE SUITE 206 MIAMI, FL 33131					
<b>7. Name and Address of New Registered Agent</b>					
Name <b>Juan A. Figueroa, P.A., C.P.A.</b>					
Street Address (P.O. Box Number is Not Acceptable)					
1428 Brickell Avenue, Suite 206					
City <b>Miami</b> <b>FL</b> Zip, Code <b>33131</b>					
<b>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.</b>					
SIGNATURE:     DATE: <b>1-21-08</b>					
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HAMUI, ESTRELIA 10143 E BAY HARBOR DR APT 9-A BAY HARBOR, FL 33154				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition HAMUI, ESTRELLA 17875 Collins Avenue, Suite 1502 Sunny Isles Beach, Fl. 33160				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <b>02-1-08</b> <b>305-495-</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone # <b>7276</b>					