2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000052082 1. Entity Name E & M ELIAS INC.							07-24-200	6 90002 002 ***1	50.00
Principal Place	of Business	······································	Mailing Address	Address		-		5002294	Q
Principal Place of Business 150 NW 183RD STREET STE 100 MIAMI GARDENS, FL 33169			150 NW 183RD STREET STE 100 MIAMI GARDENS, FL 33169						
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2. Principal Place of Business			3. Mailing Address				BBIB1 BILII BBIS BBSI BBIS	i 8918/ 8/115 6 83/8/ 181/8 3	NE) 188)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07172006	Chg-P	CR2E034 (11/05)	
City & State			City & State			4. FEI Number 32 -0	146123		plied For t Applicable
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired	See Required	
6. Name and Address of Current			Registered Agent		1	7. Name and Address of New Registered Agent			
	•			Name					
ELIAS, MAURICE 150 NW 183RD STREET STE 100					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI GARDENS, FL 33169									
					City			FL Zip Code	9
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 Due by September 6, 2006 9. Election Campaign Fin Trust Fund Contribution						5.00 May Be ded to Fees	In accordance v corporation did	with s. 607.193(2)(b), not receive the prior r	F.S., the notice.
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11
TITLE	DP		☐ Delete TITLE		1			☐ Change	☐ Addition
NAME ELIAS, MAURICE STREET ADDRESS 150 NW 183RD STREET STE 10			100	NAM STR	AE EET ADORESS				
CITY-ST-ZIP	l .	ARDENS, FL 33169			Y-ST-ZIP				
TITLE	DV		☐ Delete	TITS	£			☐ Change	Addition
NAME	ELIAS, ELIES				ME EET ADDRESS				
STREET ADDRESS									
TITLE	1010 4111 01	110210,12 00100	Delete	III				Change	Addition
NAME			25 001300	NAJ	AE.			_ •	_
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CITY-ST-ZIP					Y-ST-ZIP			Channa	☐ Addition
I NAME			☐ Delete	TIT! NAI	L.			☐ Change	☐ WOULDUI
STREET ADDRESS				STR	EET ADDRESS				
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TITLE			☐ Delete	TIT				Change	Addition
NAME STREET ADDRESS				NAI STE	ME REET ADDRESS				
CITY-ST-ZIP					Y-ST-ZIP				
TITLE	 		☐ Delete	TIT	LE			Change	Addition
NAME				NA	_				
STREET ADORESS CITY-ST-ZIP	1				REET ADORESS Y-ST-ZIP				
12 Lhoroby	certily that th	ne information supplied w	ith this filing does not qualif	v for the e	vernations contains	ed in Chapter 11	9. Florida Statutes	further certify that the i	nformation
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.									

LES THE ELIAS - DINELTON 7-17-06
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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