

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90377 008 ***150.00

DOCUMENT # P05000080981

1. Entity Name
ELITE PROPERTY FINANCE CORP



Principal Place of Business

**264 NW 61 AVE
MIAMI, FL 33126**

Mailing Address

**264 NW 61 AVE
MIAMI, FL 33126**

40051217



2. Principal Place of Business

4155 SW 130 AVE

3. Mailing Address

4155 SW 130 AVE

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI, FL

City & State

MIAMI, FL

02232006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2950689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, ELLIER
4155 SW 130 AVE., STE. 210
MIAMI, FL 33175**

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

Ellier Gonzalez

Ellier Gonzalez

2-23-06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **GONZALEZ, ELLIER**
STREET ADDRESS **4155 SW 130 AVE., STE. 210**
CITY - ST - ZIP **MIAMI, FL 33175**

TITLE **VP** ☒ Delete
NAME **FIGUEROA, MARISOL T**
STREET ADDRESS **13425 SW 42 TERRACE**
CITY - ST - ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Ellier Gonzalez**
STREET ADDRESS **4155 SW 130 AVE STE 210**
CITY - ST - ZIP **MIAMI, FL 33175**

TITLE **VP** ☒ Change ☐ Addition
NAME **MARISOL T. FIGUEROA**
STREET ADDRESS **4155 SW 130 AVE STE 210**
CITY - ST - ZIP **MIAMI, FL 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Marisol Figueroa **2-23-06** **305-553-8893**

Date

Daytime Phone #