


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 025 ***150.00

DOCUMENT # P05000092753

1. Entity Name
ELAY VENTURES, INC.



60038476



08282006 Chg-P CR2E034 (11/05)

Principal Place of Business Mailing Address

4692 NW 107 AVENUE 4692 NW 107 AVENUE
 APT. 1412 APT. 1412
 MIAMI, FL 33178 US MIAMI, FL 33178 US

2. Principal Place of Business 3. Mailing Address

10485 NW 37 TER **10485 NW 37 TER**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI FLORIDA **MIAMI, FLORIDA**

Zip Country Zip Country

33178 **USA** **33178** **USA**

4. FEI Number Applied For

20-3086247 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name **OSWALDO ALVAREZ**

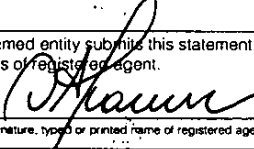
Street Address (P.O. Box Number is Not Acceptable)

10485 NW 37 TER

City State Zip Code

MIAMI **FL** **33178**

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:  DATE: **8.24.06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

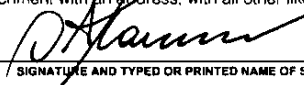
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, OSWALDO	NAME	OSWALDO ALVAREZ
STREET ADDRESS	4692 NW 107 AVENUE, APT. 1412	STREET ADDRESS	1451 S MIAMI AVE, 1608
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	MIAMI, FLORIDA 33130
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MACIANA HERRERA
STREET ADDRESS		STREET ADDRESS	1451 S MIAMI AVE, 1608
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FLORIDA 33130
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: **8.24.06** DAYTIME PHONE #: **(305) 9684184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #