2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000112139

1. Entity Name
ELFRED, CORP.

Principal Place of Business	Mailing Address
11923 SW 11TH TERR.	11923 SW 11TH TERR.
MIAMI, FL 33184	MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

05022007   No Chg-P   CR2E034 (11/05)

4. FEI Number
20-5312992

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ELIAS, ELLA
11923 SW 11TH TERR.
MIAMI, FL 33184

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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 $550.00
Due by September 14, 2007

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELIAS, ELLA I
STREET ADDRESS	11923 SW 11TH TERR.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	VD
NAME	ELIAS, ALFREDO
STREET ADDRESS	11923 SW 11TH TERR.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	TD
NAME	ELIAS, ELLA I
STREET ADDRESS	11923 SW 11TH TERR.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000767132
07/06/07-80001-024 550.00

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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: _Ella I. Elias_, PD 5/2/07   305-223-0361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #