## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000142303

City-St-Zip:

AVENTURA, FL 33160 US

Entity Name: ELISON INVESTMENTS INC

FILED May 01, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6000 ISLA	ND BLVD				
1505 AVENTUR	A, FL 33160	US			
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
6000 ISLA	ND BLVD				
1505 AVENTURA, FL 33160 US		US			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
AG CORPORATE SERVICES, LLC 300 SEVILLA AVENUE 201				AG CORPORATE SERVICES, LLC 5805 BLUE LAGOON DR 200	
CORAL GABLES, FL 33134 US			MIAMI, FL 33126 US	MIAMI, FL 33126 US	
	named entity see of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DOMINGO ALONSO				05/01/2007	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMEKE, ALFRE	SLVD, APT. 1505	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SMEKE, EDUA	SLVD, APT. 1505	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	SMEKE, ELVIR	Delete A SLVD, APT. 1505	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALFREDO SMEKE P 05/01/2007