

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026292

FILED
Apr 26, 2008
Secretary of State

Entity Name: ELITE FACILITY SERVICES, INC.

Current Principal Place of Business:

1000 STINSON WAY
106
WEST PALM BEACH, FL 33411

Current Mailing Address:

1000 STINSON WAY
106
WEST PALM BEACH, FL 33411

FEI Number: 20-4419886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATAS, ADRIANA
117 RIVERA AVE
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

1000 STINSON WAY
108
WEST PALM BEACH, FL 33411

New Mailing Address:

1000 STINSON WAY
108
WEST PALM BEACH, FL 33411

Name and Address of New Registered Agent:

PLATAS, ADRIANA
1000 STINSON WAY
108
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE: ADRIANA PLATAS

04/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PLATAS, ADRIANA
Address: 117 RIVERA AVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PLATAS, ADRIANA
Address: 1000 STINSON WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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.

SIGNATURE: ADRIANA PLATAS

PST

04/26/2008

Electronic Signature of Signing Officer or Director

Date