## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000147913

Entity Name: ELITE MEDICS, CORP

FILED Feb 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15920 SW 60 ST MIAMI, FL 33193 **Current Mailing Address: New Mailing Address:** 15920 SW 60 ST MIAMI, FL 33193 FEI Number: 56-2624806 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVERIO-DUNN, MIDIALA SILVERIO-DUNN, MIDIALA P 15920 SW 60 ST 15920 SW 60 ST MIAMI, FL 33193 MIAMI, FL 33193 US 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: MIDIALA SILVERIO-DUNN 02/05/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SILVERIO-DUNN, MIDIALA Name: Name: 15920 SW 60 ST Address: Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: VPD Title: () Change () Addition () Delete Name: TORRES, FRANCISCO Name: 15920 SW 60 ST Address: Address: MIAMI, FL 33193 City-St-Zip: City-St-Zip:

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: MIDIALA SILVERIO-DUNN PRES 02/05/2009