

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054356

FILED
May 28, 2009
Secretary of State

Entity Name: ELZADO ENTERPRISES INCORPORATED

Current Principal Place of Business:

14940 GRANT LN
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

815 NE 213 TERR
4
MIAMI, FL 33169

New Mailing Address:

FEI Number: 39-2061066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ERNEST
14940 GRANT LN
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, ERNEST
Address: 14940 GRANT LN
City-St-Zip: LEISURE CITY, FL 33033

Title: VPD () Delete
Name: ROBINSON, TAMARA
Address: 14940 GRANT LN
City-St-Zip: LEISURE CITY, FL 33033

Title: CFO () Delete
Name: WEST CARR, TRUDY
Address: 815 NE 213 TRL 4
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: ROBINSON, TAMARA
Address: 14940 CRT LANE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ERNEST ROBINSON

PD

05/28/2009

Electronic Signature of Signing Officer or Director

Date