

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080284

Entity Name: ELIMAR FAMILY INC

FILED
May 15, 2008
Secretary of State

Current Principal Place of Business:

461 SW 132 AVE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

461 SW 132 AVE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 26-0523861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, JAMES
8964 STATE ROAD 84
DAVIE, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MUNOZ, ELIECER
Address: 461 SW 132 AVE
City-St-Zip: DAVIE, FL 33325

Title: DVP () Delete
Name: MUNOZ, LUZ
Address: 461 SW 132 AVE
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: AVILA, VERONIKA
Address: 1070 NW 124 ST
City-St-Zip: N MIAMI, FL 33168

Title: D () Delete
Name: SANTIAGO, JERRY
Address: 461 SW 132 AVE
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: MUNOZ, LINDA
Address: 461 SW 132 AVE
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: PRES () Change (X) Addition
Name: MUNOZ, ELIECER A PRES
Address: 461 SW 132 AVE
City-St-Zip: DAVIE, FL 33325 BR

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: ELIECER MUNOZ

PRES

05/15/2008

Electronic Signature of Signing Officer or Director

Date