

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000092404

Entity Name: ELEVA SOLUTIONS INC

FILED  
Nov 10, 2008  
Secretary of State

## Current Principal Place of Business:

5501 SW 147 PLACE  
MIAMI, FL 33185 US

## New Principal Place of Business:

## Current Mailing Address:

5501 SW 147 PLACE  
MIAMI, FL 33185 US

## New Mailing Address:

14629 SW 104TH STREET  
SUITE 277  
MIAMI, FL 33186 US

FEI Number: 26-0727903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAUNDEZ, KARLA M  
5501 SW 147 PLACE  
MIAMI, FL 33185 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: KARLA FAUNDEZ

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: D ( ) Delete  
Name: FAUNDEZ, KARLA  
Address: 5501 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33185 US

Title: D ( ) Delete  
Name: FAUNDEZ, SERGIO  
Address: 5501 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: FLYNN, PATRICIA  
Address: 13778 SW 145 ST  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: FLYNN, GIBRAN  
Address: 13778 SW 145 ST  
City-St-Zip: MIAMI, FL 33186

## 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: KARLA FAUNDEZ

DIR

11/10/2008

Electronic Signature of Signing Officer or Director

Date