

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092404

Entity Name: ELEVA SOLUTIONS INC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5501 SW 147 PLACE
MIAMI, FL 33185 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date