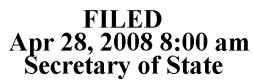
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name TRUST ELITE SERVICES INC						04-28-2008	90360 041 **		
	e of Business ERSITY DR	Mailing Address 4611 S UNIVERSITY DI SUITE 441 DAVIE, FL 33328	611 S UNIVERSITY DR Suite 441			031H 132H 031H 07H 07H	B) (SEIB /(FE) (SEIB (FEB)	! <b>!!!!!!</b> !!!!!	EE/ 31 (EE)
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222008	Chg-P	CR2E034 (12	2/06)		
City & State		City & State		4. FEI Numbe	26-17	80814		olied For Applicable	
Zíp	Country	Zip Country		у	5. Certificate of	of Status Desired	□ \$8.7	5 Addi	tional
	6. Name and Address of Current	Registered Agent	-	Name	7. Name and	Address of New R	egistered Agent		
PAGAN, ALEX 4611 S UNIVERSITY DR SUITE 441				Street Address (P.O. Box Number is Not Acceptable)					
DAVIE, FL 33328				City			7:	Code	
8. The above	named entity submits this statement fo	r the nurpose of changing its	registered		ered agent, or both	n in the State of Flo	FL   T		
SIGNATURE	Sgnature, typed or printed name of registered agent.  E NOWIL! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.1	9. Election Campa	ign Financi	~	5.00 May Be		DATE	ा <b>प्र</b> जुड़	
10.	OFFICERS AND	DIRECTORS	11.	····	ADDITIONS/0	CHANGES TO OFF	CERS AND DIREC	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS IT-ZIP			□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP □ Delete MOTINO, MARIO 4611 S UNIVERSITY DR STE 441 DAVIE, FL 33328			ADORESS :			☐ Ch	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP		🔲 Delete	TITLE NAME STREET CITY-ST	ADDRESS			☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	! TITLE ! NAME STREET CITY-ST	ADDRESS IT-ZIP	,		☐ Ch	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADORESS T-ZIP			□ Ch	ange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-SI	ADORESS T-ZIP			☐ Ch	ange	Addition
indicated of the corr	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, with	true and accurate and that rewered to execute this report	ny signatur as require	re shall have the	e same legal effect 07, Florida Statutes	as if made under o	eath; that I am an o appears in Block	ifficer a	r director