

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000071425

Entity Name: ELD AUTOGROUP, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6653 POWERS AVE. UNIT#10  
JACKSONVILLE, FL 32217 US

## **New Principal Place of Business:**

6653 POWERS AVE.  
10  
JACKSONVILLE, FL 32217 US

## **Current Mailing Address:**

909 BECKINGHAM DR.  
ST.AUGUSTINE, FL 32092 US

## **New Mailing Address:**

FEI Number: 26-3076840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DYKHNE, YEFIM  
909 BECKINGHAM DR.  
ST.AUGUSTINE, FL 32092 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

## **OFFICERS AND DIRECTORS:**

Title: PVST  
Name: DYKHNE, YEFIM  
Address: 909 BECKINGHAM DR.  
City-St-Zip: ST.AUGUSTINE, FL 32092 US

Title: D  
Name: DYKHNE, YEFIM  
Address: 909 BECKINGHAM DR.  
City-St-Zip: ST.AUGUSTINE, FL 32092 US

I hereby 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 all other like empowered.

SIGNATURE: YEFIM DYKHNE

PVST

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date