

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90081 028 ***150.00

DOCUMENT # P92000009332 1. Entity Name ELLEN PROPERTIES, INC.																											
Principal Place of Business 8360 W OAKLAND PARK BLVD SUITE 105 SUNRISE, FL 33351		Mailing Address 8360 W OAKLAND PARK BLVD SUITE 105 SUNRISE, FL 33351																									
2. Principal Place of Business 1860 N Pine Island Rd Suite, Apt. #, etc. #113 City & State Plantation, FL Zip 33322 Country		3. Mailing Address 1860 N Pine Island Rd Suite, Apt. #, etc. #113 City & State Plantation, FL Zip 33322 Country																									
4. FEI Number 65-0372748		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SHARRON, LISA 8360 W OAKLAND PARK BLVD SUITE 105 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHARRON, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8360 W OAKLAND PARK BLVD STE 105</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	SHARRON, LISA		STREET ADDRESS	8360 W OAKLAND PARK BLVD STE 105		CITY - ST - ZIP	SUNRISE, FL 33351		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">X Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1860 N. Pine Island Rd #113</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Plantation, FL 33322</td> </tr> </table>		TITLE	X Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1860 N. Pine Island Rd #113	CITY - ST - ZIP	Plantation, FL 33322				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Lisa* *Lisa Sharron* *4/4/05* *954*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50035223



04042005 Chg-P CR2E034 (10/03)