


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90041 015 ***150.00

DOCUMENT # P94000080175		
1. Entity Name ELITE BUILDINGS CORPORATION		

20006416



Principal Place of Business 717 PONCE DE LEON BLVD #234 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD #234 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 2310 Country Club Prado	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042007 Chg-P CR2E034 (12/06)

City & State Coral Gables, FL	City & State
Zip 33134	Country

4. FEI Number 65-0540007	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent FABRE, FRANK R 717 PONCE DE LEON BLVD #234 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent Name FABRE, FRANK R. S. , ESQ. Street Address (P.O. Box Number is Not Acceptable) 2310 Country Club Prado City Coral Gables FL Zip Code 33134
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT ROBLES, IVAN CALLE 50 EDIFICIO BANCOMER, 19TH FLOOR PANAMA, REPUBLIC OF PANAMA, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP FABRE, FRANK R.S. 717 PONCE DE LEON BLVD, SUITE 234 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT ROBLES, IVAN Calle 50 Edificio Plaza 2000, 19th Floor Panama, Republic of Panama <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP FABRE, FRANK R.S. 2310 Country Club Prado Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Frank R.S. Fabre

Secretary

3/12/07

305-864-1051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #