2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 19, 2006 8:00 am Secretary of State **DOCUMENT # P94000081157** 1. Entity Name 06-19-2006 90003 003 ***150.00 ELY ENTERPRISE INC. Principal Place of Business Mailing Address 40096030 1701 WEST FLAGLER STREET 1701 WEST FLAGLER STREET STE 207 STE 207 MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0532182 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Encarnacion Serrano RAMIREZ, VICENTE A Street Address (P.O. Box Number is Not Acceptable) 1701 WEST FLAGLER ST STE 215 MIAMI, FL 33135 1701 West Flagler St. Zip Code Miami 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. Vicente A. SIGNATURE. <u>Ramirez - President</u> <u>6/14/2006</u> FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE PD☐ Change X Addition RAMIREZ, VICENTE A NAME NAME Encarnacion Serrano STREET ADDRESS 1701 WEST FLAGLER ST #215 STREET ADDRESS 1701 West Flagler St. Ste 207 CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP Miami, FL TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

6/15/2006

786-444-2991

FILED

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SIGNATURE.