


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90099 023 ***150.00

DOCUMENT # P94000087200

1. Entity Name
ELP ENTERPRISES USA, INC.



Principal Place of Business 450 NE 53RD STREET MIAMI FL 33137 US	Mailing Address 450 NE 53RD STREET MIAMI FL 33137 US
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2. Principal Place of Business 2640 NE 135 street	3. Mailing Address 152 NE 167 Street
Suite, Apt. #, etc. # 316	Suite, Apt. #, etc. # 404
City & State Miami, FL	City & State Miami, FL

CHECK HERE IF MAKING CHANGES

Zip 33181	Country us	Zip 33162	Country us
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4. FEI Number 65-0557890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PIERCE, CLIFFORD Y CPA
152 NE 167TH STREET
SUITE 301
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **Peyser, Kenneth L.**
Street Address (P.O. Box Number is Not Acceptable)
**2640 NE 135 Street
316**
City **Miami** FL Zip Code **33181**

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 *Kenneth Peyser* DATE 1-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE P	NAME PEYSER, KENNETH L	<input type="checkbox"/>
STREET ADDRESS 450 NE 53RD STREET		
CITY-ST-ZIP MIAMI FL 33137		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE P	NAME Peyser, Kenneth L.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 2640 NE 135 Street # 316			
CITY-ST-ZIP Miami, FL 33181			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

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: *Kenneth Peyser* **REQUIRED** DATE 1/31/03 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)