2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90017 049 ***158.75

DOCUMENT # P95000002229

1. Entity Name
ELITE PRINTING, INC.

Principal Place of Business	Mailing Address
1995 NE 150 STREET SUITE 100 NORTH MIAMI, FL 33181 US	1995 NE 150 STREET SUITE 100 NORTH MIAMI, FL 33181 US

60043302

05182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5650 Stirling Rd	5650 Stirling Rd
Suite, Apt. #, etc. Bay 5	Suite, Apt. #, etc. Bay 5
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021 Country United States	Zip 33021 Country United States

4. FEI Number 65-0550138 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEMESH, YAIR
1995 NE 150 STREET
SUITE 100
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable) 5650 Stirling Road
Bay 5
City Hollywood FL Zip Code 33021

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] DATE 5/1/08

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD SHEMESH, YAIR 1995 NE 150 STREET, SUITE 100 NORTH MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Shemesh, Yair 5650 Stirling Rd, Bay 5 Hollywood, FL 33021	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #