

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000028210

1. Entity Name

ELITE INTERNATIONAL REALTY, INC.



Principal Place of Business

16139 BISCAYNE BOULEVARD
MIAMI, FL 33160

Mailing Address

16139 BISCAYNE BOULEVARD
MIAMI, FL 33160



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0588434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FELIPE, MARCELL ESQ.
1401 BRICKELL AVENUE, SUITE 500
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ICKOWICZ, LEON
STREET ADDRESS	16139 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	VPD
NAME	GALVEZ, SARA
STREET ADDRESS	16139 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	SDB
NAME	PIMENTA, HERCULES
STREET ADDRESS	16139 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000253552
03/07/05-80038-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/05 305 940 6611