

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90065 006 ***150.00

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**

40024221



DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0588434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-07

305-9406611