

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90223 014 ***150.00

DOCUMENT # P95000055434					
1. Entity Name ELITE DESIGNS, INC.					
Principal Place of Business JC TOYS 1638 NW 108 PL MIAMI, FL 33172 US			Mailing Address JC TOYS 1638 NW 108TH PL MIAMI, FL 33172 US		
2. Principal Place of Business 9590 N.W. 40th St. Rd. Suite, Apt. #, etc.		3. Mailing Address 9590 N.W. 40th St. Rd. Suite, Apt. #, etc.			
City & State Miami, Fl		City & State Miami, Fl		4. FEI Number 65-0616745	
Zip 33178		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CERDA, RICHARD 1638 NW 108 AVENUE MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: <u>Richard Cerda</u> Street Address (P.O. Box Number is Not Acceptable): <u>9590 N.W. 40th Street Road</u> City: <u>Miami</u> , <u>FL</u> Zip Code: <u>33178</u>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME CERDA, JUAN STREET ADDRESS 1638 NW 108 AVENUE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE DP NAME Cerda, Juan STREET ADDRESS 9590 N.W. 40th St Rd. CITY-ST-ZIP Miami, Fl 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME BERNEGUER, SALVADOR STREET ADDRESS 1638 NW 108 AVENUE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE DS NAME Berenguer, Salvador STREET ADDRESS 9590 N.W. 90th St Rd. CITY-ST-ZIP Miami, Fl 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME BERENGUER, JOSE STREET ADDRESS 1638 NW 108 AVENUE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE DT NAME Berenguer, Jose STREET ADDRESS 9590 N.W. 40th St Rd. CITY-ST-ZIP Miami, D1 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Juan Cerda		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/27/04</u> Daytime Phone #: <u>305-592-3541</u>		