

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90008 028 \*\*\*150.00

**DOCUMENT # P96000028154**

1. Entity Name  
**ELEGI, INC.**



Principal Place of Business

**561 RANCH ROAD  
WESTON, FL 33326**

Mailing Address

**561 RANCH ROAD  
WESTON, FL 33326**

**DO NOT WRITE IN THIS SPACE**



07082006 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0819571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOROTA, ALAN M ESQ.  
2250 NORTH WEST 136TH AVENUE  
STE 100  
PEMBROKE PINES, FL 33028**

**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  
Due by September 6, 2006**

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

TITLE PD  
NAME SOROTA, ALAN M  
STREET ADDRESS 2250 NORTH WEST 136TH AVE, STE 100  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE STD  
NAME FIANSON, SOPHIE  
STREET ADDRESS 561 RANCH ROAD  
CITY-ST-ZIP WESTON, FL 33326

TITLE STD  
NAME SUSINI, VIRGINIE F  
STREET ADDRESS 561 RANCH ROAD  
CITY-ST-ZIP WESTON, FL 33326

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 #