2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90084 004 ***150.00

DOCUMENT	#	P96000073499
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1. Entity Nam ELENA A	e PARTMENTS, INC.			The state of the s					
Principal Place of Business Mailing Address 9 109 NW 152 LANE 18620 N.W. 69TH AVE MIAMI, FL 33016 MIAMI, FL 33015 US		s	10000001						
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			03082005 Chg	P CR2	E034 (10/03)				
City & Stat	е	City & State		4. FEI Number 65-0712425		No	plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate of Status		\$8.75 Add	litional d		
	6. Name and Address of Curren	t Registered Agent	None	7. Name and Address of New Registered Agent					
BODBICH	EZ BEDBO		Name						
RODRIGUEZ, PEDRO 4097 PALM AVE. HIALEAH, FL 33012			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
ı			City			Zip Code	9		
signature.	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	ot and title if applicable. (NOTE	:: Registered Agent signature requ gn Financing \$		DAT				
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RODRIGUEZ, MARIA E 14601 S.W. 35 STREET MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, PEDRO JR. 14601 S.W. 35 STREET MIRAMAR, FL 33027	☐ 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		
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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 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:

Daytime Phone