

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 005 ***150.00

DOCUMENT # P96000080633

1. Entity Name
AL ELIAS HOLDINGS, INC.



Principal Place of Business
**7150 SW 62ND AVE.
SOUTH MIAMI, FL 33143**

Mailing Address
**7150 SW 62ND AVE.
SOUTH MIAMI, FL 33143**

2. Principal Place of Business - No P.O. Box #
7344 SW 48TH STREET

3. Mailing Address
7344 SW 48TH STREET

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33155

Country
USA

Zip
33155

Country
USA

05022007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0735665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELIAS, GEORGE JR.
7150 SW 62ND AVE.
SOUTH MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name **GEORGE ELIAS JR**

Street Address (P.O. Box Number is Not Acceptable)

**777 BRICKELL AVE
SUITE 1111**

City **MIAMI**

FL Zip Code **33131**

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 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
ELIAS, ALBERT S
7150 SW 62ND AVE.
SOUTH MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CHACON, JEAN-PIERRE
7150 SW 62ND AVE
MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELIAS, MARC C
7150 SW 62ND AVE
MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
ELIAS, ALBERT S.
7344 SW 48TH ST, #203
MIAMI FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CHACON, JEAN-PIERRE
7344 SW 48TH ST #203
MIAMI FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELIAS, MARC
7344 SW 48TH ST #203
MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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: **Jean Pierre Chacon** **JEAN-PIERRE CHACON**

5/1/07

3056614506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #