

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000084947**  
 1. Entity Name  
 EL-AR ENTERPRISES, INC.



|   |   |
|---|---|
| Principal Place of Business<br>5840 S ORANGE AVE<br>ORLANDO, FL 32809 | Mailing Address<br>5840 S ORANGE AVE<br>ORLANDO, FL 32809 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3404630 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

6. Name and Address of Current Registered Agent  
 RAGOSTA, ARTHUR L  
 5840 S ORANGE AVE  
 ORLANDO, FL 32809

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RAGOSTA, ARTHUR<br>5840 S ORANGE AVE<br>ORLANDO, FL 32809     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>RAGOSTA, ELEANOR R<br>5840 S ORANGE AVE<br>ORLANDO, FL 32809 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

100000392120  
 01/24/06-80069-016 150.00

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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: Arthur L Ragosta 1-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #