


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 013 ***150.00

DOCUMENT # P96000096350					
1. Entity Name ELIMAR INTERNATIONAL CORP.					
Principal Place of Business 6970 SW 112 STREET MIAMI, FL 33156 US			Mailing Address 6970 SW 112 STREET MIAMI, FL 33156 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0740961	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROUSSO, MARK E ESQUIRE ROTH, MILNE & ROUSSO 9350 S. DIXIE HIGHWAY, PH 2 MIAMI, FL 33156				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME ZILBERSTEIN, REBECA		TITLE NAME	NAME NAME	
STREET ADDRESS 6970 SW 112 STREET	STREET ADDRESS 6970 SW 112 STREET		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156	CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE D	NAME NOVICK, PABLE		TITLE NAME	NAME NAME	
STREET ADDRESS 6970 SW 112 STREET	STREET ADDRESS 6970 SW 112 STREET		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156	CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE D	NAME NOVICK, ELIZABETH		TITLE NAME	NAME NAME	
STREET ADDRESS 6970 SW 112 STREET	STREET ADDRESS 6970 SW 112 STREET		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156	CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE D	NAME NOVICK, MARIEL		TITLE NAME	NAME NAME	
STREET ADDRESS 6970 SW 112 STREET	STREET ADDRESS 6970 SW 112 STREET		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156	CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	NAME NAME		TITLE NAME	NAME NAME	
STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 01/13/04 Daytime Phone #					