

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
3 Apr 20, 2005 8:00 am
Secretary of State

03-24-2005 90037 015 ***150.00

DOCUMENT # P97000018928	
1. Entity Name ELITE PROJECT SOLUTIONS, INC.	

Principal Place of Business 21639 TOWN PL DR BOCA RATON, FL 33433	Mailing Address 21639 TOWN PL DR BOCA RATON, FL 33433
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01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0731367	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREENBERG, STANLEY 21639 TOWN PLACE DR BOCA RATON, FL 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

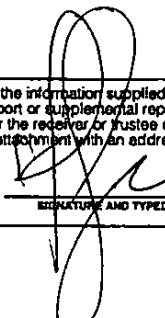
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, STANLEY W 21639 TOWN PLACE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APR 05 **954.646.2694**
Date Daytime Phone #