## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000049609

Entity Name: ELAL AND PSP, INC.

City-St-Zip:

NAPLES, FL 34102

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 480 6TH STREET SOUTH NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 480 6TH STREET SOUTH NAPLES, FL 34102 FEI Number: 52-2075645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TODD, GUDRUN R 480 6TH STREET S NAPLES, FL 34102 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RUSSIN, ALFONS Name: Name: 480 6TH STREET S Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: RUSSIN. PETER Name: 480 6TH STREET S Address: Address: NAPLES, FL 34102 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition RUSSIN, ELFRIEDE Name: Name: 480 6TH STREET S Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition RUSSIN, SIMON Name: Name: Address: 382 FIFTH AVENUE, SOUTH Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALFONS RUSSIN P 04/29/2004