


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000088151
 1. Entity Name
E.L.D. MANAGEMENT CORP.



Principal Place of Business 3250 S. OCEAN BLVD. UNIT 302S PALM BEACH, FL 33480	Mailing Address 3250 S. OCEAN BLVD. UNIT 302S PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-F CR2E034 (10/03)

4. FEI Number 65-0797087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GART, DAVID A
 250 AUSTRALIAN AVENUE SOUTH
 SUITE 500
 W PALM BEACH, FL 33401

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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 _____ 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHTENHEIM, EUGENE 3250 S. OCEAN BLVD. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHTENHEIM, POLLY 3250 S. OCEAN BLVD. PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/21/04-80004-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Polly Wachtenheim 1-9-04 561-595-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #