## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2005 08:00 AM Secretary of State

DOCUMENT # P98000024836  1. Entity Name ELADIM CO.							Secretary of State			
		·····	- · · · · · · · · · · · · · · · · · · ·			<u>5)</u>				
Principal Place 3600 NW 37 MIAMI, FL 3		 _		Mailing Address 3600 NW 37TH CT. MIAMI, FL 33142	·					
							03022005	No Chg-P	CR2E	034 (10/03)
							4. FEI Numb NOT AF	er PPLICABLE	<b></b>	Applied For Not Applicable
	6. Name an	d Address of C	urrent Regi	istered Agent	-		5. Certificate	of Status Desired		\$8.75 Additional Fee Required
REZNIKO 3600 NW : MIAMI, FL	V, MICHAEL 37TH CT.									
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 tills if applicable.  (NOTE Registered Agent signature required when reinstating)										
	Signature, typed or p	rinted name of registe	red agent and till		ered Agent signature r	···		00000 03/31/05	-8003	12 1 <del>1-006</del> 150.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution,					. –		00 May Be ed to Fees			
10. TITLE	D	OFFICER	S AND DIRE	ECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	REZNIKOV, 3600 NW 37 MIAMI, FL 3	тн ст.								
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D MARGULIS, 3600 NW 37 MIAMI, FL 3	тн ст.	· ·							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									es e	was and the grown of the con-
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-SI-ZIP					:					
TITLE NAME STREET ADDRESS CITY - ST - ZIP										
<ol> <li>1 hereby condicated of the corchanged,</li> </ol>	certify that the in- on this report or poration or the re or on an attache	formation suppli supplemental receiver or truste ment with an ad	ed with this eport is true e empowere dress, with a	filing does not qualify for the ey and accurate and that my sign ed to execute this report as req all other like empowered.	kemption stated nature shall have ulred by Chapte	in Sec the s ir 607,	ction 119.07(3)( ame legal effec , Florida Statute	i), Florida Statutes. I it as if made under or s; and that my name	further ce ath, that I appears	rtify that the information am an officer or director in Block 10 or Block 11 if