

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054630

FILED
Apr 29, 2008
Secretary of State

Entity Name: ELIDE CORP.

Current Principal Place of Business:

8241 S.W. 32ND TERRACE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

10440 SW 126 AVE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0849145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARKAS, YAZMIN
8241 SW 32 TERRACE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FARKAS, YAZMIN
Address: 8241 SW 32 TERR
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FARKAS, SHIRLEY
Address: 5751 SW 58 PL
City-St-Zip: MIAMI, FL 33143

Title: SEC () Change (X) Addition
Name: RODRIGUEZ, MARIA
Address: 11820 SW 125 PL
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: YAZMIN FARKAS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date