

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P98000076455**

1. Entity Name  
**ELITE CORPORATE SERVICES, INC.**



**FILED**  
06 JAN 31 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**10871 NW 52ND ST  
STE 2  
SUNRISE, FL 33351**

Mailing Address  
**10871 NW 52ND ST  
STE 2  
SUNRISE, FL 33351**

2. Principal Place of Business  
**9360 NW 18th MAW**

3. Mailing Address  
**9360 NW 18th MAW**

Suite, Apt. #, etc.

City & State  
**PLANTATION FL**

City & State  
**PLANTATION FL**

Zip  
**33322**

Country  
**BARBADOS**

Zip  
**33322**

Country  
**BARBADOS**

6. Name and Address of Current Registered Agent

**PERCIAVALLE, LUDWIG  
10871 NW 52ND ST  
STE 2  
SUNRISE, FL 33351**

**9360 NW 18th MAW  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 **L. Perciavalle** DATE **1/24/06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERCIAVALLE, LUDWIG G 10871 NW 52ND ST SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERCIAVALLE, LUDWIG G. 9360 NW 18th MAW PLANTATION FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **L. Perciavalle** DATE **1/24/06** DAYTIME PHONE # **954-605-8151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**REINSTATEMENT**  
CR2E098 (11/05) 05 06