

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000091212</b>               |  |
| 1. Entity Name<br>ELS OF SOUTH FLORIDA, INC. |                                                                                   |

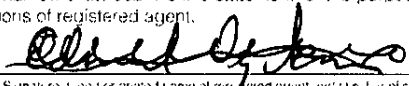
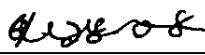
|                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>710 THORNBRIDGE AVE<br>DAVIE FL 33325 | Mailing Address<br>710 THORNBRIDGE AVE<br>DAVIE FL 33325 |
|----------------------------------------------------------------------|----------------------------------------------------------|



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|-----------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                                          | City & State                              |
| Zip                                                                   | Country                                   |

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 1st MOORE                                                 | CR2E034 (10/07)                                        |
| 4. FEI Number<br>65-0873372                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fec Required                      |

|                                                                                                                 |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>DYCKMAN, EDMUND<br>710 THORNBRIDGE AVE<br>DAVIE FL 33325 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

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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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
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|                                                |                                                               |                                                       |                                           |
|------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DYCKMAN, EDMUND<br>710 THORNBRIDGE AVE<br>DAVIE FL 33325 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 000000948525<br>06/02/08-80059-012 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                           |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |
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| SIGNATURE:  | 428-08 | 9549160839 |
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