


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90133 044 ***150.00

| | | | | | |
|---|-----------------------------------|-----|---|---|---|
| DOCUMENT # P99000021167 | | | |  | |
| 1. Entity Name ELITE INVESTMENTS HOLDING COMPANY | | | | | |
| Principal Place of Business 3151 EXECUTIVE WAY MIRAMAR FL 33025 | | | Mailing Address 3151 EXECUTIVE WAY MIRAMAR FL 33025 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0908540 | |
| | | | | 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 QUEVEDO, MARIA 5201 ALHAMBRA CIR. CORAL GABLES FL 33134 <i>ADDRESS CHANGE</i> | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1444 CECILIA AVE City CORAL GABLES FL Zip Code 33146 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUEVEDO, MARIA | | | NAME | |
| STREET ADDRESS | 3151 EXECUTIVE WAY | | | STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> | | | | 4/14/05 954 430 3005 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |