

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90693 030 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                               |                                                                                                                     |                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000021228</b><br>1. Entity Name<br><b>E.L.R. ENTERPRISES, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                               |                                                                                                                     |                                                         |  |
| Principal Place of Business<br><b>2025 LAKEPOINT DRIVE<br/>WESTON, FL 33326</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                               | Mailing Address<br><b>2025 LAKEPOINT DRIVE<br/>WESTON, FL 33326</b>                                                 |                                                                                                                                          |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                               | City & State                                                                                                        |                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | Country                       |                                                                                                                     | 4. FEI Number<br><b>65-0903131</b>                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              | Applied For<br>Not Applicable |                                                                                                                     |                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                               |                                                                                                                     |                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, O J<br/>7951 SW 40TH STREET, STE. 206<br/>MIAMI, FL 33155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                               |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature is required when filing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                               |                                                                                                                     |                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PTD<br/>RAMIREZ, LUIS E<br/>2025 LAKEPOINT DRIVE<br/>WESTON, FL 33326</b> <input type="checkbox"/> Delete |                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SVD<br/>RAMIREZ, MARTHA<br/>2025 LAKEPOINT DRIVE<br/>WESTON, FL 33326</b> <input type="checkbox"/> Delete |                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 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>of aitha L. Bay</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                               | Date: <i>04/29/04</i> Daytime Phone #: <i>(305) 261-6251</i>                                                        |                                                                                                                                          |  |