2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 24, 2006 08:00 AN Secretary of State

Daytime Phone #

1. Entity Nam	MENT # P9900003103 ELENDING, INC.	2		Secretary of Sta	te
Principal Plac 2126 NW 12 MIAMI, FL 3	3 ST. 2	ailing Address 2126 NW 123 ST. MAMI, FL 33181		L AVEN DEC LIGATO (BANG GEN) ENTRE SENTE SENTE SINE MINE MINE SINE SINE MENTE SINE MENTE SINE MENTE SINE MENTE	Ī
DO NOT WRITE IN THIS SPAC			CE	04072006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0908297 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISINGER, DENNIS J 4000 HOLLYWOOD BLVD. SUITE 265-S HOLLYWOOD, FL 33021				DO NOT WRITE IN THIS SPACE	
8. The above the obligate SIGNATURE.	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title	h	fed office of register ad Agent signature requires	tered agent, or both, in the State of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with, and accurate the state of Florida. I am familiar with a state of Florida. I am familiar	ept
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		5.00 May Be dded to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE P RIVERA, MARIE R 2126 NE 123 ST NORTH MIAMI, FL 33181	CTORS .		U00000526545 05/04/06-80080-003 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
12. I hereby of indicated of the cor	certify that the information supplied with this to on this report or supplemental report is true poration or the receiver or trustee empowers	illing does not qualify for the ex and accurate and that my signa d to execute this report as requi	emptions contained ture shall have the ired by Chapter 607	ed in Chapter 119, Florida Statutes. I further certify that the informatic e same legal effect as if made under oath; that I am an officer or direct 07, Florida Statutes; and that my name appears in Block 10 or Block 1	on tor 1 if