FILED Feb 04, 2004 8:00 am

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DOCUMENT 1. Entity Name ELBA CORPORA			Secretary of State 02-04-2004 90038 038 ***158.75								
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2. Principal Place of Bus	siness	3. Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282004	Chg-P	CR2E034 (10/03)				
City & State		City & State			4. FEI Numb		<u> </u>	oplied For ot Applicable			
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add	iltional			
6. Nan	ne and Address of Current	Registéred Agent		1	7. Name and	Address of New R	egistered Agent				
	-	/	Name	_	4 . 1	\sim	/ -	. A			
HILL, THOMAS W				Street Address (P.O. Box Number is Not Acceptable)							
1318 LAFAYETTE		•	Street A	ddress (F 230	P.O. Box Numb	er is Not Acceptable	" ? [.				
CAPE CORAL, FL	33904		<u> </u>	<u></u>	3 Jacq	ra more					
			City C				FL Zip Cod	93.11			
9 The share semad as	titeOutemit - title etetement f	or the purpose of changing its		<u>_ </u>		ral		7/7			
the obligations of reg	istered agent.	or the purpose of changing its	registered bilice bi	i ieBiareir	ed agent, or so	in, in the State of Fit	mua. 1 am lamaar wiin,	and accept			
. /							reladou				
SIGNATURE							01/28/09				
Signature, typ	ed of presed name of registered agen	R and title if applicable. (NOTI	E: Registered Agent signat	perruper eru	when reinstating)		DATE /				
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees											
10	OFFICEDO AND	DIDECTORS			ADDITIONS	OUANGED TO GE	OFFICE AND DISCOTOR	50144			
10.	OFFICERS AND		11.	DPT		CHANGES TO OFF	ICERS AND DIRECTOR				
•=	ANNA C	☐ Delete	TITLE			111A E	Change	☐ Addition			
}			NAMÉ STREET ADORESS	RA	IN EK, MI	VNA E YTH TERE	>				
	ORAL, FL 33914		CITY-ST-ZIP		E COR		3914				
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CITY-ST-ZIP			CITY-ST-ZIP								
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indicated on this re	ure iniornation supplied wi port or supplemental report	ar are meng does not qualify to is true and accurate and that r	ne exemption sta Try signature shall h	ned in Se save the s	same legal effe	(i), riorida Statutės. Et as if made under i	i junner centry that the it oath; that I am an officer	raormation or director			
of the corporation of changed or on an	r the receiver or trustee em	powered to execute this report	as required by Cha	apter 607	, Florida Statute	es; and that my nam	e appears in Block 10 o	r Block 11 if			
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: **SIGNATURE** **SIGNATURE*											
SIGNATURE: X Sybaues 01/28/04 549-7575											
JIGITAI OIL.	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		-	Date /	Daytime Phone #				

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