

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90067 022 ***150.00

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1. Entity Name

ELITE DESIGNS INTERNATIONAL, INC.



Principal Place of Business

1250 E. HALLONDALE BEACH BLVD
SUITE 706
HALLANDALE FL 33009

Mailing Address

C/O EDWARD KORN PC
450 SEVENTH AVE 1109
NEW YORK NY 10123



2. Principal Place of Business - No P.O. Box #

1250 E HALLANDALE BEACH BLVD

3. Mailing Address

490 MAIN STREET

Suite, Apt. #, etc.

SUITE 706

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

HALLANDALE FL

City & State

NORTHPORT, N.Y.

4. FEI Number

65-0946963

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

11768-1953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORE, JOSEPH
404 SUNSET DR
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MORE, JOSEPH
424 SUNSET DR
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/23/07

Date

954-455-5357

Daytime Phone #