## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## **FILED** Feb 19, 2004 08:00 AM Secretary of State **DOCUMENT # P99000065701** 1. Entity Name ELLIÓT PROPERTIES, INC. Principal Place of Business Mailing Address 9980 CENTRAL PARK BLVD. N.#206 9980 CENTRAL PARK BLVD. N.#206 BOCA RATON, FL 33428 BOCA RATON, FL 33428 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0935835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent HACKER, STEVEN DO NOT WRITE 9980 CENTRAL PARK BLVD, N.#206 BOCA RATON, FL 33428 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing U00000056302 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 02/19/04-80014-022 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME HACKER, STEVEN STREET ADDRESS 9980 CENTRAL PARK BLVD. N.#206 CITY-ST-ZIP BOCA RATON, FL 33428 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is trot 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.

NAME OF BIGHING OFFICER OF DIRECTOR

Daytime Phone #