## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000087673 1. Entity Name ELDY INVESTMENTS, INC. Principal Place of Business Mailing Address 1180 SO. POWER LINE ROAD #202 ONE SE THIRD AVENUE POMPANO BEACH, FL 33069-4340 **SUITE 1440**



01262004

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

05-03-2004 90410 028 \*\*\*150.00

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CR2E034 (10/03)



## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131

No Chg-P

4. FEI Number 65-0950220	Applied For Not Applicable
E. Cadificate of Status Desired	 \$8.75 Additional

				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Regis	tered Agent				
ENRIQUE, STEPHEN ONE THIRD AVENUE, STE 1440 MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE			
	Signature, typed or printed name of registered agent and itile	if applicable (NOTE Registero	3 Agent signature	redured when reinstating)	Ον	₹E
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<del></del>	
TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DE FARO, SILVIA M 1180 SO. POWER LINE ROAD #202 POMPANO BEACH, FL 330694340					
STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE
THILE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated	certify that the information supplied with this d on this report or supplemental report is true	filing does not qualify for the ex- and accurate and that my signs	emption state	ed in Section 119.07(3 eve the same legal effe	)(i), Florida Statutes. I furthe ect as if made under oath; the	er certify that the information hat I am an officer or director

of the corporation or the receiver or trustee empowered to execute his 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							
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #