


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S33448</b>		
1. Entity Name ELLTE, INC.		
Principal Place of Business 741 BAYSHORE DRIVE APT. 125 FT. LAUDERDALE, FL 33304	Mailing Address 741 BAYSHORE DRIVE APT. 125 FT. LAUDERDALE, FL 33304	



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0306544	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SILVERMAN, MURRAY, CPA  
1919 NE 45 ST  
SUITE 215  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UD00000853927  
03/26/08-80097-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HOLMQVIST, LARS
STREET ADDRESS	741 BAYSHORE DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	TD
NAME	HOLMQVIST, THURE
STREET ADDRESS	741 BASHORE DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	S
NAME	SMYTH, DON
STREET ADDRESS	741 BAYSHORE DRIVE, #25
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THURE HOLMQVIST

3/1/08

Date

954/441-3292

Daytime Phone #