


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S41810</b> 1. Entity Name <b>ELISOR INVESTIGATIONS, INC.</b>		
Principal Place of Business <b>9141 SW 1 PL BOCA RATON FL 33428</b>	Mailing Address <b>9141 SW 1 PL BOCA RATON FL 33428</b>	



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number <b>65-0255857</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SORACCO, RAYMOND J. 9141 SW 1 PL BOCA RATON FL 33428</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
---	--

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate[ing])

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete SORACCO, RAYMOND J. 9141 SW 1 PL BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete SORACCO, MARGARET A. 9141 SW 1 PL BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000305112
STREET ADDRESS	04/14/05-80070-023 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Margaret Soracco 4-11-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #