


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V03450</b> 1. Entity Name ELVIRA & COMPANY, INC.	
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Principal Place of Business 5891 MILITARY TRAIL LANTANA, FL 33463	Mailing Address 5891 "S" MILITARY TRAIL LANTANA, FL 33463 US
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**DO NOT WRITE IN THIS SPACE**



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0309702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CANTILLO, FERNANDO 5891 MILITARY TRAIL LANTANA, FL 33463
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

06/28/06-80003-003 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**


9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTILLO, FERNANDO 74 HEATHER TRACE DR BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESPERANZA, CANTILLO 74 HEATHER TRACE DR BOYNTON BEACH, FL
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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 files empowered

SIGNATURE:  \_\_\_\_\_

Date: June 1/06 Daytime Phone #: 561-964-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR