

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26026

FILED  
Feb 28, 2011  
Secretary of State

Entity Name: EL&V CORPORATION

**Current Principal Place of Business:**

440 SAWGRASS CORPORATE PARKWAY  
SUITE 108  
SUNRISE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 SAWGRASS CORPORATE PARKWAY  
SUITE 108  
SUNRISE, FL 33325 US

**New Mailing Address:**

FEI Number: 65-0323561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED TEAM GROUP  
440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LASCURAIN, EUGENIO  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
City-St-Zip: SUNRISE, FL 33325

Title: DV  
Name: LASCURAIN, JOAQUIN  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
City-St-Zip: SUNRISE, FL 33325

Title: DV  
Name: LASCURAIN, CARLOS  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
City-St-Zip: SUNRISE, FL 33325

Title: DV  
Name: LASCURAIN, BLANCA  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
City-St-Zip: SUNRISE, L 33325

Title: DV  
Name: LASCURAIN, JOSE  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
City-St-Zip: SUNRISE, FL 33325

Title: DVS  
Name: LASCURAIN, MARIA  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 108  
City-St-Zip: SUNRISE, FL 33325

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA LASCURAIN

DVS

02/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date