## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT #V38847 01-23-2008 90009 001 \*\*\*150.00 ELCAR INTERNATIONAL, INC. Mailing Address Principal Place of Business 400001-41-589 ALLIGATOR POND RD. 41-589 ALLIGATOR POND RD. BERMUDA DUNES, CA 92201 BERMUDA DUNES, CA 92201 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0363236 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICCO, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) 1321 SE 1ST AVE. DEERFIELD BEACH, FL 33441 Zip Code City FL 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 atte if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD Q Change Addition TITLE ☐ Delete TITLE LEATHEAD, JEAN-PIERRE NAME NAME STREET ADDRESS 41-589 ALLIGATOR POND RD. STREET ADDRESS BERMUDA DUNES, FL 92201 CITY-ST-ZIP CITY-ST-ZIP **a** 4 MLE ☐ Delete TITLE Change Change ☐ Addition RICCO, STEPHAN F NAME NAME 1321 SE 1 AVE. STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP □ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 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. 760)275-4640 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 23, 2008 8:00 am

Jean-Pierra Leathead, Vice President