

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099424

Entity Name: ELIAS BROTHERS GROUP PAINTING & CONTRACTING, INC.**Current Principal Place of Business:**3570 ENTERPRISE AVE
STE 100
NAPLES, FL 34104**Current Mailing Address:**3570 ENTERPRISE AVE.
STE 100
NAPLES, FL 34104 US**FEI Number:** 59-3481225**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ELIAS, ILAN
3570 ENTERPRISE AVE
STE 100
NAPLES, FL 34104 US*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**Officer/Director Detail :**

| | |
|-----------------|-------------------------------------|
| Title | DIRECTOR, PRESIDENT, TREASURER |
| Name | ELIAS, OVADIA R |
| Address | 3570 ENTERPRISE AVENUE SUITE 100 |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|-----------------|-------------------------------------|
| Title | VP |
| Name | YITZHAK, RAMI |
| Address | 3570 ENTERPRISE AVENUE SUITE 100 |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|-----------------|-------------------------------------|
| Title | CEO, SECRETARY |
| Name | ELIAS, MARIA P |
| Address | 3570 ENTERPRISE AVENUE SUITE 100 |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|-----------------|-------------------------------------|
| Title | VP |
| Name | ELIAS, ILAN |
| Address | 3570 ENTERPRISE AVENUE SUITE 100 |
| City-State-Zip: | NAPLES FL 34104 |

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 P ELIAS**CEO & SECRETARY****04/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date