

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**


FILED

05 NOV 18 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11022005 Chg-P CR2E034 (10/03)

DOCUMENT # F01000002667					
1. Entity Name EMERGING MARKETS COMMUNICATIONS, INC.					
Principal Place of Business 800 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			
2. Principal Place of Business 800 Brickell Avenue Suite, Apt. #, etc. Suite 707 City & State Miami, FL Zip 33131 Country USA		3. Mailing Address 800 Brickell Avenue Suite, Apt. #, etc. Suite 707 City & State Miami, FL Zip 33131 Country USA			
		4. FEI Number 59-3740735		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PARDULA, HERBERT 800 BRICKELL AVENUE, SUITE #900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Pardula, Herbert 800 Brickell Avenue, suite 707 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO AVELLAN, ABEL 800 BRICKELL AVENUE, SUITE #900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Avellan, Abel 800 Brickell Avenue, suite 707 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061552335 11/18/05--01053--009 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>for w/21</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					