

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90035 026 ***150.00

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1. Entity Name
EMERIK PROPERTIES CORP.

no clo NEERSSAM



Principal Place of Business Mailing Address

~~C/O KRASNE & MELLON, LPP~~ ~~C/O KRASNE & MELLON, LPP~~
9440 SANTA MONICA BLVD SUITE 515 **9440 SANTA MONICA BLVD SUITE 515**
BEVERLY HILLS, CA 90210 US **BEVERLY HILLS, CA 90210 US**

94037125



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number **95-2836935** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLAZER, ERIKA J.			NAME			
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515			STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS, CA			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALMGREN, ARTHUR G.			NAME			
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515			STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS, CA			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLAZER, EMERSON V.			NAME			
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515			STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS, CA			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELLON, VICTOR H			NAME			
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515			STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS, CA 90210			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JAMES A			NAME			
STREET ADDRESS	#3 DEL AMO FASHION CENTER			STREET ADDRESS	21370 NAWTUONE BLVD.		
CITY-ST-ZIP	TORRANCE, CA			CITY-ST-ZIP	TORRANCE, CA 90503		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 an other like empowered.

SIGNATURE: *ART MALMGREN* **ART MALMGREN** **3/22/04**
Signature and typed or printed name of signing officer or director Date Daytime Phone #