

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004833

1. Entity Name
EMERIK PROPERTIES CORP.



Principal Place of Business
**9440 SANTA MONICA BLVD SUITE 515
BEVERLY HILLS, CA 90210 US**

Mailing Address
**9440 SANTA MONICA BLVD SUITE 515
BEVERLY HILLS, CA 90210 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **GLAZER, ERIKA J.**
STREET ADDRESS **9440 SANTA MONICA BLVD SUITE 515**
CITY-ST-ZIP **BEVERLY HILLS, CA**

TITLE **TS**
NAME **MALMGREN, ARTHUR G.**
STREET ADDRESS **9440 SANTA MONICA BLVD SUITE 515**
CITY-ST-ZIP **BEVERLY HILLS, CA**

TITLE **CD**
NAME **GLAZER, EMERSON V.**
STREET ADDRESS **9440 SANTA MONICA BLVD SUITE 515**
CITY-ST-ZIP **BEVERLY HILLS, CA**

TITLE **V**
NAME **MELLON, VICTOR H**
STREET ADDRESS **9440 SANTA MONICA BLVD SUITE 515**
CITY-ST-ZIP **BEVERLY HILLS, CA 90210**

TITLE **VD**
NAME **JONES, JAMES A**
STREET ADDRESS **21370 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE, CA 90503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000399877
02/01/06-80028-022 150.00

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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #