


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000585**

1. Entity Name  
 EMS RESOURCES, INC.



Principal Place of Business  
 2350 CORAL WAY, SUITE 301  
 MIAMI, FL 33145

Mailing Address  
 2350 CORAL WAY, SUITE 301  
 MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0783915

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

TELLECHEA, ESTHER  
 2350 CORAL WAY, SUITE 301  
 MIAMI, FL 33145

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

000000077645  
 03/05/04-80051-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, FAUSTO B 2350 CORAL WAY, SUITE 301 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELLECHEA, ESTHER B 2350 CORAL WAY, SUITE 301 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELLECHEA, MIGUEL A 2350 CORAL WAY, SUITE 301 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ALINA M 2350 CORAL WAY, SUITE 301 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** Esther Telleschea **3/2/04** **(305) 860-0780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #