


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90024 009 ****70.00

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

04012008 Chg-NP CR2E037 (12/06)

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

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 _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, FAUSTO B	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELLECHEA, ESTHER B	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELLECHEA, MIGUEL A	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, ALINA M	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA D'ESCOUBET	
STREET ADDRESS	2350 CORAL WAY # 301	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 Telleshea* **Esther Telleshea** **(305) 860-0780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/08** Daytime Phone #