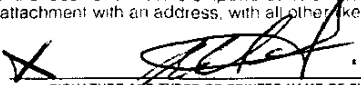


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 016 ***150.00

DOCUMENT # P04000014468					
1. Entity Name EL EMPERATRIS CORP.					
Principal Place of Business 2150 SW 72 AVE MIAMI, FL 33155			Mailing Address 2150 SW 72 AVE MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 6330 SW 44 ST		3. Mailing Address 6330 SW 44 ST			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33155		Country		Zip 33155	
Country		Country		03122007 Chg-P CR2E034 (12/06)	
4. FEI Number 41-2123127				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BLANCO, RENE 2150 SW 72 AVE MIAMI, FL 33155			7. Name and Address of New Registered Agent Name EL EMPERATRIS CORP Street Address (P.O. Box Number is Not Acceptable) 6330 SW 44 ST City MIAMI State FL Zip 33155		
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 re-electing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO, RENE ☐ Delete 2150 SW 72 AVE MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6330 SW 44 ST ☒ Change ☐ Addition MIAMI FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: 			03/12/07 (786) 315-0798		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					