


2005 FOR PROFIT CORPORATION ANNUAL REPORT

08-26-2005 90001 047 \*\*\*150.00

FILED  
05 SEP 19 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50063454

DOCUMENT # S37044

1. Entity Name  
EREM, INC.



Principal Place of Business  
2772-S NW 43 ST  
GAINESVILLE, FL 32606

Mailing Address  
2564 NW 13TH ST  
GAINESVILLE, FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

08042005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3054399

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLDEN, CHARLES I., JR.  
2772-S NW 43 ST  
GAINESVILLE, FL 32606

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 \$550.00  
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HOLDEN, CHARLES I., JR.	
STREET ADDRESS	2772-S NW 43 ST	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SPEKTOR, MIRA	
STREET ADDRESS	2772- S NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200059796772	
CITY-ST-ZIP	09/21/05--01002--006 **400.00	
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 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 all other like empowered.

SIGNATURE: *Charles I. Holden, Jr.* 8/8/05 212 790 5713

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #