

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007619

**Entity Name:** EMERGING, INC.**Current Principal Place of Business:**5725 NW 114 PATH #102  
DORAL, FL 33178**Current Mailing Address:**5725 NW 114 PATH #102  
DORAL, FL 33178 US**FEI Number:** 57-1212057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ, JOSE E  
5725 NW 114 PATH #102  
DORAL, FL 33178 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ALVAREZ, JOSE  
Address 5725 NW 114 PATH #102  
City-State-Zip: DORAL FL 33178

Title STD  
Name ALVAREZ, MARY C  
Address 5725 NW 114 PATH #102  
City-State-Zip: DORAL FL 33178

Title D  
Name PASSWATERS, MARIA  
Address 310 HALA COURT  
City-State-Zip: GREENVILLE FL 29609

Title DIRECTOR  
Name GALASSO, JADE  
Address 820 MOSTELLER DRIVE  
City-State-Zip: GREER FL 29651

Title VPD  
Name GOMEZ, RAFAEL  
Address 78 N.SIERRA BONITA AVE.  
UNIT 1  
City-State-Zip: PASADENA CA 91106

Title D  
Name PASSWATERS, DONALD  
Address 310 HALA COURT  
City-State-Zip: GREENVILLE SC 29609

Title D  
Name GOMEZ, CATHERINE  
Address 78 N.SIERRA BONITA AVE.  
UNIT 1  
City-State-Zip: PASADENA CA 91106

Title DIRECTOR  
Name GALASSO, DANIEL  
Address 820 MOSTELLER DRIVE  
City-State-Zip: GREER FL 29651

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE ALVAREZ**PRESIDENT****01/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ALBANESE, CAROL
Address	6365 SW 30TH STREET
City-State-Zip:	MIAMI FL 33155