


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 626324					
1. Entity Name INVERSIONES EMMER, INC.					
Principal Place of Business C/O EMILIO NARCISO 1800 COLLINS AVENUE, APT. 4-H MIAMI FL 33139		Mailing Address C/O JORGE SANCHEZ G BSCH INTL., 1401 BRICKELL AVENUE MIAMI FL 33131			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Zip		Country	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANERI, CIRO 3449 TORREMOLINOS AVE MIAMI FL 33178			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NARCISO, EMILIO		NAME		
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, JORGE NARCISO		NAME		
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, MERCEDES N		NAME		
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, ELIZABETH N		NAME		
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE NARCISO, MERCEDES N		NAME		
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 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: <u>Jorge Narciso</u>			Date: <u>3/14/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



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