

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 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



07212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANERI, CIRO
3449 TORREMOLINOS AVE
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME NARCISO, EMILIO
STREET ADDRESS 1800 COLLINS AVE., APT. 4-H
CITY-ST-ZIP MIAMI, FL 33139

TITLE D
NAME SANCHEZ, JORGE NARCISO
STREET ADDRESS 1800 COLLINS AVE., APT. 4-H
CITY-ST-ZIP MIAMI, FL 33139

TITLE D
NAME SANCHEZ, MERCEDES N
STREET ADDRESS 1800 COLLINS AVE., APT. 4-H
CITY-ST-ZIP MIAMI, FL 33139

TITLE D
NAME SANCHEZ, ELIZABETH N
STREET ADDRESS 1800 COLLINS AVE., APT. 4-H
CITY-ST-ZIP MIAMI, FL 33139

TITLE VP
NAME DE NARCISO, MERCEDES N
STREET ADDRESS 1800 COLLINS AVE., APT. 4-H
CITY-ST-ZIP MIAMI, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000574965
08/22/06-80005-010 550.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/06

Date

(305) 513-3797

Daytime Phone #