2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F0100002667 1. Entity Name EMERGING MARKETS COMMUNICATIONS, INC.						FIL 05 NOV 18	PH 1:06	
Principal Place of Business 800 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131				SEURLÍ ART TALLAHASSI	EE, FLORIDA	
	lace of Business Brickell Avenue #. etc.	3. Mailing Address 800 Brickell Avenue Suite, Apt. #, etc.						
Suite 707		Suite 707			11022005	Chg-P	CR2E034 (10/03	
City & State		City & State Miami, FL			4. FEI Number 59-374			Applied For Not Applicable
Zip Country		Zip Country		,			- ¢9.75 A	
3313	3131 VSA 33131		USA			of Status Desired	Fee Requi	red
6. Name and Address of Current Registered Agent				- 7. Name and Address of New Registered Agent Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			_	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	ode
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								
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.	126		CHANGES TO OFFI		
TITLE	CEO Delete ITITU PARDULA, HERBERT			Pa	CEO Addition Pardula, Herbert			
STREET ADDRESS				ADDRESS 80	The a single Augusta State 707			
CITY-ST-ZIP	P MIAMI, FL 33131 cm					33131		
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NAME STREET ADDRESS	I			ADDRESS 80	800 Brickell Avenue, Suite 707			
CITY-ST-ZIP	ST-ZIP MIAMI, FL 33131 CITY					L 33131		
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NAME STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		NAME STREET	ADDRESS		000615 3/0501053		or
CITY-ST-ZIP			CITY-S		11, 1,	3400 B1000	000 **01	٠٤٥
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STREET ADDRESS CITY-ST-ZIP			STREET CITY-5	ADDRESS				
	ertify that the information supplied with	this filing does not qualify for		l	Section 119 07/3\	i(i). Florida Statutes 1	further certify that the	information
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: SIGNATURE OF DEPLOYED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #								