


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90815 015 \*\*\*150.00

**DOCUMENT # F06000003529**

1. Entity Name  
**EMEX VENTURES INC.**



Principal Place of Business  
**8708 SAN PABLO AVE.  
 NORTH PORT, FL 34287**

Mailing Address  
**8708 SAN PABLO AVE.  
 NORTH PORT, FL 34287**

**DO NOT WRITE IN THIS SPACE**

40091017



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**82-0556322** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KHARITON, LARISA  
 8708 SAN PABLO AVE.  
 NORTH PORT, FL 34287**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007, Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT KHARITON, LARISA 8708 SAN PABLO AVE. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS CLARK, JON 8708 SAN PABLO AVE. NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: L. Khariton \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #