## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25491

Entity Name: EMERALD BAY 2000 CORP.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O JOSEPH BLONSKY C/O JOSEPH BLONSKY,95 MERRICK WAY

SUITE 9 SUITE 100

370 MINORCA AVENUE, FL 33134 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

C/O JOSEPH BLONSKY, 95 MERRICK WAY

SUITE 9 SUITE 100

370 MINORCA AVENUE, FL 33134 US CORAL GABLES,, FL 33134 US

FEI Number: 59-2221742 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLONSKY, JOSEPH
C/O JOSEPH BLONSKY
BLONSKY, JOSEPH
95 MERRICK WAY

SUITE 9 SUITE 100

370 MINORCA AVENUE, FL 33134 US CORAL GABLES, FL 33134 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: JOSEPH BLONSKY 04/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PIAGGIO, BEATRIZ P.,
 Name:

 Address:
 151 CRANDON BLVD
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: AS ( ) Delete Title: AS (X) Change ( ) Addition

Name:BLONSKY, JOSEPH,Name:BLONSKY, JOSEPH,Address:370 MINORCA AVENUE, STE 9Address:95 MERRICK WAY, SUITE 9City-St-Zip:CORAL GABLES, FL 33134 USCity-St-Zip:CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BLONSKY AS 04/05/2004