


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 023 \*\*\*150.00

<b>DOCUMENT # L27825</b> 1. Entity Name <b>EMERALD TRADE CENTER, INC.</b>					
Principal Place of Business <b>36 NE 1 STREET 641 MIAMI, FL 33132 US</b>			Mailing Address <b>5300 WASHINGTON ST. H334 HOLLYWOOD, FL 33021 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2300 SW 9th Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI</b>		4. FEI Number <b>65-0155448</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent <b>DRUKER, CRISTINA 5300 WASHINGTON ST. HOLLYWOOD, FL 33021</b>	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2300 SW 9th Ave</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33129</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>DRUKER, CRISTINA</b> <b>5300 WASHINGTON ST H334</b> <b>HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2300 SW 9th Ave</b> <b>MIAMI, FL 33129</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			2/15/08 305 342-6141		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		