2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L53565

1. Entity Name
NATO EMILIO CORP.

Principal Place of Business	Mailing Address
% ISRAEL ZOUR CPA	% ISRAEL ZOUR CPA
12700 BISCAYNE BLVD., #202	12700 BISCAYNE BLVD., #202
N. MIAMI, FL 33181	N. MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

01242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0174892	Not Applicable

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

6. Name and Address of Current Registered Agent

ATTIAS, EMILE
17720 BAY RD EAST
#4PH
SUNNY ISLES, FL 33160

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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 $150.00
After May 1, 2008 Fee will be $550.00

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

U00000798913
01/30/08-80048-007   150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ATTIAS, EMILE
STREET ADDRESS	17720 BAY RD E., #4PH
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ AHiAS EMILE 1-24-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #