


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M38717 1. Entity Name EMERALDS INTERNATIONAL, INC.	
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01162004 No Chg-P CR2E034 (10/03)

Principal Place of Business 104 DUVAL ST. KEY WEST, FL 33040	Mailing Address 104 DUVAL ST. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

4. FEI Number 99-0192070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARCIAL, MARINA
104 DUVAL STREET
KEY WEST, FL 33040

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$450.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	MARCIAL, INGE
STREET ADDRESS	104 DUVAL ST
CITY-ST-ZIP	KEY WEST, FL
TITLE	P
NAME	MARCIAL, MANUEL J
STREET ADDRESS	104 DUVAL ST
CITY-ST-ZIP	KEY WEST, FL
TITLE	VP
NAME	MARCIAL, MARINA
STREET ADDRESS	104 DUVAL ST
CITY-ST-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000113839
04/15/04-80025-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marina Marcial

4.12.04

305-294-2060

Date

Daytime Phone #