2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010593

Entity Name: EM VAYELED, INC.

FILED Jan 26, 2005 Secretary of State

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

1347-47TH STREET BROOKLYN, NY 11219

Current Mailing Address: New Mailing Address:

1347-47TH STREET BROOKLYN, NY 11219

FEI Number: 04-3713490 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:

EJENBAUM, M.J.
12865 WEST DIXIE HWY
2ND FLOOR
NORTH MIAMI, FL 33161 US
GRESSMAN, HOWARD
2677 NW 99TH AVENUE
CORAL SPRINGS, FL 33065 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: HOWARD GRESSMAN 01/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 STEIN, MOSHÉ D
 Name:

 Address:
 1347-47TH STREET
 Address:

 City-St-Zip:
 BROOKLYN, NY 11219
 City-St-Zip:

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

 Name:
 EJENBAUM, M.J.
 Name:
 GRESSMAN, HOWARD

 Address:
 12865 WEST DIXIE HWY 2ND FLOOR
 Address:
 2677 NW 99TH AVENUE

 City-St-Zip:
 NORTH MIAMI, FL 33161
 City-St-Zip:
 CORAL SPRINGS, FL 33065

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

Name:WOLLAND, FRANKName:STEIN, RUTHAddress:12865 WEST DIXIE HWY 2ND FLOORAddress:1347-47TH STREETCity-St-Zip:NORTH MIAMI, FL 33161City-St-Zip:BROOKLYN, NY 11219

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSHE STEIN PD 01/26/2005