

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005614

FILED
Apr 13, 2011
Secretary of State

Entity Name: EMERGENCY MANAGEMENT AGENCY INTERNATIONAL, INC.

Current Principal Place of Business:

225 NE 8TH STREET
2
HOMESTEAD, FL 33030

New Principal Place of Business:

225 NE 8TH STREET
2
HOMESTEAD, FL 33030 UN

Current Mailing Address:

225 NE 8TH STREET
2
HOMESTEAD, FL 33030

New Mailing Address:

225 NE 8TH STREET
2
HOMESTEAD, FL 33030 UN

FEI Number: 27-0564977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESSA, WILFRID M
225 NE 8 STREET
SUITE # 2
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: PRESSA, WILFRID
Address: 225 NE 8TH STREET # 2
City-St-Zip: HOMESTEAD, FL 33030 UN

Title: VP
Name: LAURENT, DIJON
Address: 225 NE 8TH STREET # 2
City-St-Zip: HOMESTEAD, FL 33030 UN

Title: P
Name: PRESSA, WILFRID
Address: 225 NE 8 ST # 2.
City-St-Zip: HOMESTEAD, N/ 33030 UN

Title: P
Name: PRESSA, WILFRID
Address: 225 NE 8 ST # 2.
City-St-Zip: HOMESTEAD, N/ 33030 UN

Title: P
Name: PRESSA, WILFRID
Address: 225 NE 8 ST # 2.
City-St-Zip: HOMESTEAD, N/ 33030 UN

Title: P
Name: PRESSA, WILFRID
Address: 225 NE 8 ST # 2.
City-St-Zip: HOMESTEAD, N/ 33030 UN

I hereby 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 all other like empowered.

SIGNATURE: WILFRID M PRESSA

P

04/13/2011

Electronic Signature of Signing Officer or Director

_____ Date