200	יאט ס	FORM BUS	SINESS REPO	€ _m 4 cu _g	11 pt -			
DOCUMENT # P0000007070					•	FILED		
-ELECTROMARKETS; INC.						01 MAY 24 AM 11: 03		
	ss 4 Street		9 Southwest 4 Street		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite 5 Suite 5								
, , , , , , , , , , , , , , , , , , , ,				Florida 33130				
Principal Place of Business 3. Mailing Address						140		
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			04/26/01 90293 033 \$150.00		
City & Sta	ite		City & State			4. FEI Number		pplied For ot Applicable
Zip Country			Zip	Zip Country		5. Certificate of Status Desired	\$5.00 44	ditional
6. Name and Address of Current Registered Agent						7. Name and Address of New Regist	ered Agent	
SPIEGEL & UTRERA, P.A. 343 Almeria Avenue Coral Gables, Florida 33134					Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street			
OUTAL GADIES, FIGURE 33134					4th Floor City Zip Code		ie	
///					Miami		+5	
8. The above	e named entit SPTECET.	y submits til statement & UTKKRA, P.	for the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florida.	la.	
SIGNATURE	RY •	+-///				· 5/Z3	3/0 (
	natalta	outherte Sales Liedis Kildes	"President (NOT	E Pegistered	d Agent signature required	when reinstating)	DÁTE I	
				の表現しまりの事業を持	FEE IS \$50.00 Department of	f State		
9.	•	MANAGING MEM	BERS/MEMBERS	10.	enement of entre the delications	ADDITIONS/CHAI	NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Coltey, Sahily 979 Southwest 4 Street, Su Miami, Florida 33130			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Delete Coltey, Patrick 979 Southwest 4 Street, Suite 5					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	Miami, Florida 33130		TITLE NAME STREE	ET ADDRESS		☐ Change	☐ Addition	
CHTY-ST-ZIP TITLE	☐ De!ete			TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .		TITLE NAME STREE			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			TITLE NAME STREE			☐ Change	Additio:
	L certify that the	information supplied wi	th this filing does not qualify for			ction 119.07(3)(i), Florida Statutes. I furthe	er certify that the in	nformation

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver trustee empowered to execute this report as required by Chapter 608 Florida Statutes.

IGNATURE:

A. U. 100 301 301 508 3213