

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90529 023 ***150.00

DOCUMENT # P00000022261



1. Entity Name
EMARQ CORPORATION

Principal Place of Business Mailing Address
10060 SHERIDAN ST. 10060 SHERIDAN ST.
SUITE 102 SUITE 102
PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024

34041278



2. Principal Place of Business 3. Mailing Address
9860 NW 6TH PLACE
Suite, Apt. #, etc. Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State City & State
PLANTATION, FLORIDA
Zip Country Zip Country
33324 USA

4. FEI Number Applied For
65-0989465 Not Applicable

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

6. Name and Address of Current Registered Agent

DE OLIVEIRA JR, EDUARDO M
10060 SHERIDAN STREET
SUITE 102
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name
DE OLIVEIRA JR, EDUARDO M
Street Address (P.O. Box Number is Not Acceptable)
9860 NW 6TH PLACE
City **PLANTATION** FL Zip Code **33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
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 **D** ☐ Delete
NAME **DE OLIVEIRA, EDUARDO M JR.**
STREET ADDRESS **10060 SHERIDAN STREET - SUITE 102**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **D** ☐ Delete
NAME **DE OLIVEIRA, EDUARDO M**
STREET ADDRESS **10060 SHERIDAN STREET - SUITE 102**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9860 NW 6TH PLACE**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9860 NW 6TH PLACE**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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: **EDUARDO M DE OLIVEIRA JR** **EDUARDO M DE OLIVEIRA JR** 04/21/04 (954) 483-4837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #