
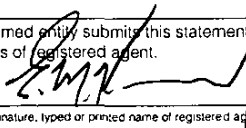
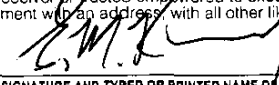


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 023 ***150.00

DOCUMENT # P00000036536			
1. Entity Name EMK MANAGEMENT CORP.			
Principal Place of Business 517 SOUTHWEST 1ST AVENUE FT. LAUDERDALE, FL 33301		Mailing Address 517 SOUTHWEST 1ST AVENUE FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 964 SE 9th Avenue Suite, Apt. #, etc.		3. Mailing Address 964 SE 9th Avenue Suite, Apt. #, etc.	
City & State Pompano Beach		City & State Pompano Beach	
Zip 33060		Zip 33060	
Country USA		Country USA	
4. FEI Number 65-1086815		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, EUGENE M 517 SOUTHWEST 1ST AVENUE FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Eugene M. Kennedy Street Address (P.O. Box Number is Not Acceptable) 964 SE 9th Avenue City Pompano Beach FL Zip Code 33060	
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.		DATE 3/4/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KENNEDY, EUGENE M STREET ADDRESS 517 SOUTHWEST 1ST AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE D NAME Kennedy, Eugene M. STREET ADDRESS 964 SE 9th Avenue CITY-ST-ZIP Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PS NAME KENNEDY, EUGENE M STREET ADDRESS 517 SOUTHEAST 1ST AVE CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE PS NAME Kennedy, Eugene M. STREET ADDRESS 964 SE 9th Avenue CITY-ST-ZIP Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		DATE 3/4/08 Date Daytime Phone #	