## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P00000045473** 04-25-2005 90242 042 \*\*\*150.00 1. Entity Name E.M.G.M TECH INC. Principal Place of Business Mailing Address 20044209 29 SUNDIAL CIRCLE 29 SUNDIAL CIRCLE MARGATE, FL 33068 MARGATE, FL 33068 2. Principal Place of Business 3. Mailing Address 660 NW 65th TERR 660 NW 65th TERR Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Cho-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For MARGATE MARGATE 65-1007491 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENDONCA, EDSON G Street Address (P.O. Box Number is Not Acceptable) MENDONCA, EDSON G 29 SUNDIAL CIRCLE MARGATE, FL 33068 660 NW 65th TERR City MARGATE 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. G. MENDONCA-President 03/04/05 (NOTE Registered Agent signuture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Delete Addition MENDONCA, EDSON G NAME NAME GGO NW 65th TERR. 29 SUNDIAL CIRCLE STREET ADDRESS STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP TITLE ☐ Delete MILE MELLO, GIZELLE W NAME NAME 660 NW 65th TERR 29 SUNDIAL CIRCLE STREET ADDRESS STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP TITLE Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP UTLE ☐ Delete HILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, writing the empowered.

**FILED**