2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P00000085674 1. Entry Name EMEK, INC.					Mar 11, 2004 08:00 AM Secretary of State
Principal Place 11159 NW 3 APT 103 SUNRISE FL	STH ST	Mailing Address 11159 NW 39TH ST APT 103 SUNRISE FL 33351			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-2461117 Applied For Not Applicable
Zip	Country	Zıp	Coun	itry	5. Certificate of Status Desired Security Securi
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
111	LA VEGA, KARLA 59 NW 39TH ST	Street Address		Street Address (P.O. Box Number is Not Acceptable)
APT 103 SUNRISE FL 33351					
·				City	FL Zip Code
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 primed name of registered agont and title if applicable (NOTE Registered Agont signature required when revisibility) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 M Trust Fund Contribution. Added to F					
10.	OFFICERS AND		- 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET AODRESS CITY-ST-ZIP	PD QUESADA, ELENA 11159 NW 39TH ST, APT #103 SUNRISE FL 33351	□ De	NAM Stri	1	☐ Change ☐ Addition ☐ U00000084960 03/11/04—80028—020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE LA VEGA, KARLA 11159 NW 39TH ST, APT #103 SUNRISE FL 33351	□ De	N#M Stri	3	Change 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-71P	D QUESADA, MACRISTINA 11159 NW 39TH ST, APT #103 SUNRISE FL 33351	□ De	nam Stri	3	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA VEGA, ERIKA 11159 NW 39TH ST, APT #103 SUNRISE FL 33351	□ De	14/1/ Siri	1	☐ Change ☐ Addition
THEE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	kan Stri		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAA Stri City	AE EET ADORESS Y-ST-ZEP	☐ Change ☐ Addition
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 disease 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 (964) 748-1504					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED