

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085674

**FILED  
Jun 30, 2005  
Secretary of State**

Entity Name: EMEK, INC.

**Current Principal Place of Business:**

11159 NW 39TH ST  
APT 103  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

11159 NW 39TH ST  
APT 103  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 65-2461117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE LA VEGA, KARLA  
11159 NW 39TH ST  
APT 103  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QUESADA, ELENA  
Address: 11159 NW 39TH ST, APT #103  
City-St-Zip: SUNRISE, FL 33351

Title: DV ( ) Delete  
Name: DE LA VEGA, KARLA  
Address: 11159 NW 39TH ST, APT #103  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: QUESADA, MACRISTINA  
Address: 11159 NW 39TH ST, APT #103  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: DE LA VEGA, ERIKA  
Address: 11159 NW 39TH ST, APT #103  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELENA QUESADA

PD

06/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date