
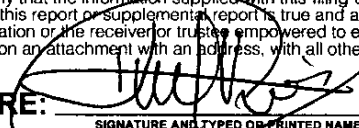


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90108 003 ***150.00

DOCUMENT # P0000085674 1. Entity Name EMEK, INC.					
Principal Place of Business 11159 NW 39TH ST APT 103 SUNRISE, FL 33351			Mailing Address 11159 NW 39TH ST APT 103 SUNRISE, FL 33351		
2. Principal Place of Business 12150 NW, 36th PL		3. Mailing Address 12150 N.W. 36th PL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SUNRISE, FL.		City & State SUNRISE, FL.		4. FEI Number 65-2461117	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33323 Country U.S.A		Zip 33323 Country U.S.A		04202006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DE LA VEGA, KARLA 11159 NW 39TH ST APT 103 SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name DE LA VEGA, KARLA Street Address (P.O. Box Number is Not Acceptable) 12150 N.W. 36th PL. City SUNRISE FL Zip Code 33323		
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD QUESADA, ELENA 11159 NW 39TH ST, APT #103 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUESADA, ELENA 12150 N.W. 36th PL. SUNRISE, FL. 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE LA VEGA, KARLA 11159 NW 39TH ST, APT #103 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE LA VEGA, KARLA 12150 N.W. 36th PL. SUNRISE, FL. 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESADA, MACRISTINA 11159 NW 39TH ST, APT #103 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESADA, MACRISTINA 12150 N.W. 36th PL. SUNRISE, FL. 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: 			Date: 04/20/06		Daytime Phone #: 954 748 4504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #