2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered Undew

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90262 019 ***150.00 DOCUMENT # P00000094664 1. Entity Name E.M.S.E. CORP. 40.01134 Principal Place of Business Mailing Address 155 S.W. 107TH AENUE 155 S.W. 107TH AENUE 2ND FLOOR 2ND FLOOR MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1042049 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDERO, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 6864 WEST 26TH AVENUE HIALEAH, FL 33016 Zıp Code FL 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 Signiture, typod or contect hanc of registered agent and title if applicable INOTE Registered Agrill signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Defeta Addition Change THEF CORDERO, ERNESTO NAME NAM⁶ STREET ADDRESS 6864 WEST 26TH AVENUE STREET ADDRESS HIALEAH, FL 33016 CHY SI-ZIP CHY ST ZIP THE Delete ☐ Change Hitt ☐ Addition CORDERO, MARIA A NAME STREET ADDRESS 6864 WEST 26TH AVENUE STREET ADDRESS CITY - \$1 - ZIP HIALEAH, FL 33016 CITY ST ZIP TITLE ☐ Delete Mile ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE Defete TELE ☐ Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP HULE Delete Change Ditte Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City St 7/P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY ST 7/P 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

FILED

Daytime Phone #