

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P00000102556

1. Entity Name
EMERALD REALTY, CO.



Principal Place of Business 120 E. OAKLAND PARK BLVD. SUITE 105, PMB BOX 806 FT LAUDERDALE, FL 33334	Mailing Address C/O MYRNA RIVERA 3997 NIGHTHAWK DRIVE WESTON, FL 33331
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03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1062067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOUBRIEL RIVERA, MYRNA CRISTINA
 3997 NIGHTHAWK DR
 WESTON, FL 33331**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000865975
 04/08/08-80009-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOUBRIEL RIVERA, MYRNA 3997 NIGHTHAWK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIVERA-OLIVIERI, RAMON 3997 NIGHTHAWK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIVERA-LOUBRIEL, RAMONLUIS 3997 NIGHTHAWK DR. WESTON, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 information.

SIGNATURE: *Myrna Cristina Loubriel Rivera* 03/10/08 (954)217-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #