


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90494 041 \*\*\*158.75

**DOCUMENT #** P00000107054

1. Entity Name  
**EMIRIMAGE CORPORATION**



Principal Place of Business  
**520 BRICKELL KEY DR. STE 0-305  
MIAMI FL 33131**

Mailing Address  
**520 BRICKELL KEY DR. STE 0-305  
MIAMI FL 33131**

2. Principal Place of Business  
**5269 N.W. 161<sup>st</sup> Street**

3. Mailing Address  
**5269 N.W. 161<sup>st</sup> Street**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33014** Country  
**USA**

Zip  
**33014** Country  
**USA**

4. FEI Number **52-2278694** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION INC.  
520 BRICKELL KEY DR, STE 0-305  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Eduardo Perl**

Street Address (P.O. Box Number is Not Acceptable)  
**5269 N.W. 161<sup>st</sup> Street**

City **Miami** FL Zip Code **33014**

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 **Eduardo Perl, Director** DATE **02-25-2003**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	PERL, EDUARDO	520 BRICKELL KEY DR, STE 0-305	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P, V, S, D	PERL, EDUARDO	5269 N.W. 161 <sup>st</sup> Street	MIAMI, FL. 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: **SIGNATURE REQUIRED EDUARDO PERL** Date **02-25-2003** Daytime Phone # **305-5009860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)