2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0100058252



FILED May 01, 2003 8:00 am Secretary of State

1. Entity Name E.M.A.O. INT'L CORPORATION)	05-01-2003 90222 049	9 ***150.	00		
Principal Place of Business 9365 SW 77TH AVENUE #3010 MIAMI FL 33156			Mailing Address 9365 SW 77TH AVENUE #3010 MIAMI FL 33156								
2. Principal Place of Business			3. Mailing Address				1 (00):001 (11 00)D) ((5):00 00)((00)((00))(00)()				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	65-1130401	J	pplied For ot Applicable		
Zip		Country	Zip	Cour	itry	5. 0		\$8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
	, osvaldo 77th aven	· ·		Street Address		P.O. Box Number is Not Acceptable)					
#3010	TOTAL MACE					-	 				
MIAMI FL	33156			City		•,	FL	Zip Cod	e		
8. The above the obligat	named entitions of regist	y-submits this statement for ered agent.	or the purpose of changing its	register	ed office or registe	red age	ent, or both, in the State of Florida. I am f	amiliar with,	and accept		
SIGNATURE .											
	Signature, typed	or printed name of registered agent	and title if applicable. (NO)	E: Registere	d Agent signature require	d when reir	nstating) DATE				
								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
After	May 1, 200	PEE IS \$150.00 The will be \$550.00 Florida Department o	f State				· · · · · · · · · · · · · · · · · · ·	\$5.0 Added	May Be		
After	May 1, 200	3 Fee will be \$550.00		11.		ADI	· · · · · · · · · · · · · · · · · · ·	Added	to Fees		
After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department o		11.		ADI	Trust Fund Contribution.	Added	to Fees		
After Make Check 10.	May 1, 200 Payable to	3 Fee will be \$550.00 Florida Department o	DIRECTORS		1	ADI	Trust Fund Contribution.	Added DIRECTOR	d to Fees		
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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 supplied entail 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 of 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: