FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90472 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90039335

DOCUMENT # P01000063457

1. Entity Name
EMALARA, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
1155 BRICKELL BAY DR Suite, Apt. #, etc.	1155 BRICKELL BAY DR Suite, Apt. #, etc.
MIAMI FLA City & State	MIAMI FLA City & State
33131 USA Zip / Country	33131 USA Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1116132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: OVIES JOA C
Street Address (P.O. Box Number is Not Acceptable): 2307 Douglas Rd #400
City: MIAMI FL Zip Code: 33145

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: Joa C Ovies 2/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS MUNOZ, MARIA JOSE C 701 BRICKEWLL AVE STE 3000 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ARANEQUI, EMILIO S 701 BRICKEWLL AVE STE 3000 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: 02/27/03
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #