

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063681

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: EMESEME ENTERPRISES, CORP.

## Current Principal Place of Business:

16919 NORTH BAY RD., #1018  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

430 GOLDEN ISLES DR.  
SUITE 108  
HALLANDALE, FL 33009

## Current Mailing Address:

16919 NORTH BAY RD., #1018  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

430 GOLDEN ISLES DR  
SUITE 108  
HALLANDALE, FL 33009

FEI Number: 65-1117528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINTERO, SYLVIA  
801 BRICKELL AVE 9TH FLOOR  
MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SZARF, MOISES  
Address: 16919 N BAY ROAD #1018  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V ( ) Delete  
Name: VILLAROEL, EDGARDO  
Address: 16919 N BAY ROAD #1018  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST ( ) Delete  
Name: JINKUS, DIEGO  
Address: 16919 N BAY ROAD #1018  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SZARF, MOISES  
Address: 430 GOLDEN ISLES DR. #108  
City-St-Zip: HALLANDALE, FL 33009

Title: V (X) Change ( ) Addition  
Name: VILLAROEL, EDGARDO  
Address: 430 GOLDEN ISLES DR. #108  
City-St-Zip: HALLANDALE, FL 33009

Title: ST (X) Change ( ) Addition  
Name: JINKUS, DIEGO  
Address: 430 GOLDEN ISLES DR. #108  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES SZARF

MR.

03/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date