2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2005 08:00 AM Secretary of State DOCUMENT #P01000073176 1. Entity Name EMILIO'S SERVICES CORP Principal Place of Business Mailing Address 4910 SW 89 PL 4910 SW 89 PL MIAMI, FL 33165 MIAMI, FL 33165 02262005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1128458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTIZ, EMILIO DO NOT WRITE 4910 SW 89 PL MIAMI, FL. 33165 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, PST TITLE ORTIZ, EMILIO NAME U00000285392 04/02/05-80042-019 150.00 4910 SW 89 PL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

FILED