


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

DOCUMENT # P01000073178 1. Entity Name EMERALD PROFESSIONAL CONSULTANTS, INC.			11029335
Principal Place of Business 13825 S.W. 88TH STREET #158 MIAMI, FL 33186		Mailing Address 13825 S.W. 88TH STREET #158 MIAMI, FL 33186	
2. Principal Place of Business 13876 SW 56 St. Suite, Apt. #, etc. # 354		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State MIAMI, FLORIDA		City & State SAME	
Zip 33175		Zip SAME	
Country U.S.A.		Country SAME	
4. FEI Number 65-7123217		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOUGUES, IVAN 13925 S.W. 88TH STREET #158 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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's signature required when registering) DATE _____			
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$160.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOUGUES, IVAN 13925 S.W. 88TH STREET #158 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 authority in all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/28/03 305-3867265 <small>Daytime Phone #</small>	

CR2004 (10/02)