FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000079016 1. Entity Name

EMIJAIM INC.



FILED SECRETARY OF STATE DIVISION OF CORPORALIONS

03 SEP 30 PM 4: 42

	DO NOT WRITE	: IN IHIS	SPAC)E		arpan	T12-03
			Mailing Address 801 NW 74 AVE.		REINSTATEMENT 02-03		
Suite, Apt. #, etc. SUITE: 202		Suite, Apt. #, etc SUITE: 202	Suite, Apr. #, etc.		BONO! WINTE IN THIS SI ACE		
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number		Applied For Not Applicable	
Zip 33122	Country US	Zip 33122	Country US		5. Certificate of Status Desired	ree Required	
		**************************************		7. Name and Address of Current Registered Agent			
DO NOT WRITE				Name JUA	N PABLO AMBROSINI		
				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE		7AUE		2801 NW 74 AVE. SUITE: 202			
				City MIAM	l	FL	Zip Code 33122
the obligat	ions of registered egent. Uan Palel 7	^	ging its register		stered agent, or both, in the State of Flo	orida. I am fam	iliar with, and accept
Ja	Signate. typed or printed name of registered agen nuary 1: May 1: Fee: is \$150.00 After May 1: Fee: is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	t and tille if applicable.	(NO) E: Hegistare	d Agent signature rec	9. Election Campaign Fin Trust Fund Contributio	ancing	\$5.00 May Be Added to Fees
10.	OFFICERS AND		STITL	E			
TITLE NAME	(P/D) JUAN PABLO AMB		85 :: III L 85 :: III L 85 : INAN		900023	5145	519
STREET ADDRESS	2801 NW 74 AVE. SUITE	: 202	8000	eet address	10/02/030109	:3028	**300.00
CITY-ST-ZIP	MIAMI, FL 33122		& cm	′-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			8	PARTER CONTRACTOR			
TITLE		****	गार।	£			

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STREET ADDRESS CITY+ST-ZIP

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NAME

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 tegal 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 on an attachment with an address, with all other life empowered.

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-7IP

CITY~ST-ZIP

TITLE

NAME STREET ADDRESS

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NAME

uan ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DO NOT WRITE

IN THIS SPACE

EMIJAIM INC. P01000079016

TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

Juan Pullo ambiosini

JUAN PABLO AMBROSINI

PRESIDENT