2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000082242

1. Entity Name
EMERALD IMPORTS, INC.

Principal Place of Business
100 SE 1ST STREET, #21
MIAMI, FL 33131-1030

Mailing Address
100 SE 1ST STREET, #21
MIAMI, FL 33131-1030

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1131682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AQUININ, MARK
100 SE 1ST STREET
MIAMI, FL 33134-4030

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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000187191
01/24/05-80003-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	AQUININ, MARK
STREET ADDRESS	100 SE 1ST STREET #21
CITY-ST-ZIP	MIAMI, FL 331311030
TITLE	VP
NAME	AQUININ, MARK
STREET ADDRESS	100 SE 1ST STREET #21
CITY-ST-ZIP	MIAMI, FL 331311030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 1/17/05 (305)4150210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #