


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000097115**  
 1. Entity Name  
 THE EMELIO GROUP, INC.



Principal Place of Business  
 2450 S. MILITARY TRAIL, STE. 10  
 WEST PALM BEACH, FL 33415

Mailing Address  
 4630 N. UNIVERSITY DR., PMB 360  
 CORAL SPRINGS, FL 33067



04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1143061 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMELIO, RICHARD  
 4900 CHARDONNAY DRIVE  
 CORAL SPRINGS, FL 33067

**DO NOT WRITE 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: *Richard Emelio* DATE: *4/11/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

UN00000299696  
 04/11/05-80119-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	EMELIO, RICHARD A
STREET ADDRESS	4900 CHARDONNAY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	TV
NAME	EMELIO, EVANGELIA
STREET ADDRESS	4900 CHARDONNAY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Richard Emelio* DATE: *4/01/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*569-969-7500*  
Date Daytime Phone #