2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# P01000105035

Entity Name: EMERALD BAY INC.

Current Principal Place of Business:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1149107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROUSSO, MARK E ESQ
18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOPEZ, CLAUDIO PABLO
Address: 150 ALHAMBRA CIRCLE SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: DIEGUEZ, MARIA F
Address: 150 ALHAMBRA CIRCLE SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

Title: PT ( ) Delete
Name: LOPEZ, CLAUDIO PABLO
Address: 150 ALHAMBRA CIRCLE STE 1270
City-St-Zip: CORAL GABLES, FL 33134

Title: VS ( ) Delete
Name: DIEQUEZ, MANIA F
Address: 150 ALHAMBRA CIRCLE STE 1270
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DIEGUEZ, MARIA FERNANDA
Address: 150 ALHAMBRA CIRCLE SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change ( ) Addition
Name: DIEQUEZ, MARIA FERNANDA
Address: 150 ALHAMBRA CIRCLE STE 1270
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO PABLO LOPEZ D 07/10/2006

Electronic Signature of Signing Officer or Director — Date