

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 020 ***150.00

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

DOCUMENT # P01000105035



1. Entity Name
EMERALD BAY INC.

Principal Place of Business
**150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES, FL 33134**

Mailing Address
**150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES, FL 33134**

11034131



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**3440 HOLLYWOOD BLVD
Suite, Apt. #, etc.
360**

3. Mailing Address
**3440 HOLLYWOOD BLVD
Suite, Apt. #, etc.
360**

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number
65-1149107

Applied For
☐ Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE A ESQ
150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
MARK E. ROUSSO, ESQ

Street Address (P.O. Box Number is Not Acceptable)

3440 HOLLYWOOD BLVD., SUITE 360

City
HOLLYWOOD

FL

Zip Code
33021

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

MARK E. ROUSSO, ESQ

2/12/03

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
LOPEZ, CLAUDIO PABLO
STREET ADDRESS
150 ALHAMBRA CIRCLE SUITE 1270
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
D ☐ Delete
NAME
DIEGUEZ, MARIA F
STREET ADDRESS
150 ALHAMBRA CIRCLE SUITE 1270
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
PT. ☐ Delete
NAME
LOPEZ, CLAUDIO PABLO
STREET ADDRESS
150 ALHAMBRA CIRCLE STE 1270
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
VS ☐ Delete
NAME
DIEGUEZ, MANIA F
STREET ADDRESS
150 ALHAMBRA CIRCLE STE 1270
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP
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☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO PABLO LOPEZ, D

2/12/03

Cayman Phone #

954-322-4280

CR2E034 (10/02)