

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086539

Entity Name: EMILY CANDIES CORP.

FILED  
Apr 30, 2004  
Secretary of State

**Current Principal Place of Business:**

12005 SW 15TH ST  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

17836 SW 10 LN  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

12005 SW 15TH ST  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

17836 SW 10 LN  
PEMBROKE PINES, FL 33029

FEI Number: 33-1017463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIETO, JUAN P  
10848 N.W. 40 STREET  
SUNRISE, FL 33351

**Name and Address of New Registered Agent:**

NIETO, JUAN P  
17836 SW 10 LN  
PEMBROKE PINES, FL 33029

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: JUAN PAULO NIETO

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NIETO, JUAN P  
Address: 12005 SW 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DS ( ) Delete  
Name: ALVAREZ, ANGELA  
Address: 12005 SW 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DS ( ) Delete  
Name: ALVAREZ, ANGELA  
Address: 10848 N.W. 40 STREET  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: NIETO, JUAN P  
Address: 17836 SW 10 LN  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS (X) Change ( ) Addition  
Name: ALVAREZ, ANGELA  
Address: 17836 SW 10 LN  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS (X) Change ( ) Addition  
Name: ALVAREZ, ANGELA  
Address: 17836 SW 10 LN  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN PAULO NIETO

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date