


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90020 015 ***150.00

DOCUMENT # P02000087083 1. Entity Name EMSAS NORTH AMERICA, INC.					
Principal Place of Business 5200N.OCEAN BLVD. 1010 FT.LAUDERDALE, FL 33308			Mailing Address 5200N.OCEAN BLVD. 1010 FT.LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # 13846 CAYWOOD POND DR <small>Suite, Apt., etc.</small>			3. Mailing Address 13846 CAYWOOD POND DR <small>Suite, Apt., etc.</small>		
City & State WINDERMERE, FL			City & State WINDERMERE FL		
Zip 34786		Country USA		4. FEI Number 48-1272521	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EMSIZ, MEHMET A 5200N.OCEAN BLVD. FT.LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name EMSIZ, MEHMET A Street Address (P.O. Box Number is Not Acceptable) 13846 CAYWOOD POND DR City WINDERMERE FL Zip Code 34786		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMSIZ, MEHMET A 5200N.OCEAN BLVD.#1010 FT.LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		01-26-07 954-319-8360 <small>Date Daytime Phone #</small>			