## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000021899

Entity Name: EMERALDTURQUOISE, INC.

FILED Sep 20, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

13979 SW 44TH STREET DAVIE, FL 33330 US

Current Mailing Address: New Mailing Address:

13979 SW 44TH STREET DAVIE, FL 33330 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VON SINNER, CHDAWAN - MRS. 13979 SW 44TH STREET DAVIE, FL 33330 US

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: CHDAWAN VON SINNER

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition VAN SINNER, CHDAWAN VON SINNER, CHDAWAN Name: Name: 13979 SW 44TH STREET 13979 SW 44TH STREET Address: Address: City-St-Zip: DAVIE, FL 33330 US City-St-Zip: DAVIE, FL 33330 US

Title: Title: (X) Change ( ) Addition () Delete VAN SINNER, WALTHER N Name: Name: VON SINNER, WALTHER N 13979 SW 44TH STREET 13979 SW 44TH STREET Address: Address: DAVIE, FL 33330 US DAVIE, FL 33330 US City-St-Zip: City-St-Zip:

 Title:
 M
 ( ) Delete
 Title:
 M
 ( X) Change ( ) Addition

 Name:
 PROMAKUN, PARITHORN
 Name:
 PROMAKUN, PARITHORN

 Address:
 9008 FOX LAIR DRIVE
 Address:
 13979 SW 44TH STREET

Address: 9008 FOX LAIR DRIVE Address: 139/9 SW 441H STRI

City-St-Zip: BURKE, VA 20015 City-St-Zip: DAVIE, FL 33330 US

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: CHDAWAN VON SINNER DIRE 09/20/2006