2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90091 010 ***158.75

DOCUMENT # P03000030073

1. Entity Name
EME EME, CORP.

Principal Place of Business	Mailing Address
8801 FONTAINBLEAU BLVD. APT. 310 MIAMI, FL 33172	8801 FONTAINBLEAU BLVD. APT. 310 MIAMI, FL 33172

02062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
175 FONTAINEBLEAU BLVD.		175 FONTAINEBLEAU BLVD.	
Suite, Apt. #, etc. 2H-1		Suite, Apt. #, etc. 2H-1	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33172	Country USA	Zip 33172	Country USA.

4. FEI Number 45-0506469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAJIA, LUIS C 8801 FONTAINBLEAU BLVD. APT. 310 MIAMI, FL 33172	Name MEJIA, LUIS C. Street Address (P.O. Box Number is Not Acceptable) 8801 FOONTAINEBLEAU BLVD. #310 City MIAMI FL Zip Code 33172

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MEJIA, LUIS CARLOS 8801 FONTAINBLEAU BLVD. APT. 310 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, LUIS CARLOS 8801 FONTAINBLEAU BLVD. APT. 310 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: ______________________ 04/20/04 3052289658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #