


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000031734 1. Entity Name E M F A INVESTMENTS, INC.	
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Principal Place of Business 181 N. COUNTRY CLUB ROAD LAKE MARY, FL 32746	Mailing Address 181 N. COUNTRY CLUB ROAD LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3717699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVES, FERNANDO 181 N. COUNTRY CLUB ROAD LAKE MARY, FL 32746

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IN THIS SPACE**

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALVES, FERNANDO 181 N. COUNTRY CLUB ROAD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALVES, FERNANDO 181 N. COUNTRY CLUB ROAD LAKE MARY, FL 32746
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03/17/05-80028-005 150.00

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IN THIS SPACE**

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: FERNANDO ALVES 3-14-05 407 3201811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #