2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90269 026 ***150.00

DOCUMENT # P03000036657

1. Entity Name
E.M.G. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1111 NW 20TH AVE. MIAMI, FL 33135	1111 NW 20TH AVE. MIAMI, FL 33135

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Mari, Manuel J Esq			
Suite, Apt. #, etc. 250 Bird RD Ste. 200		Suite, Apt. #, etc.	
City & State Coral Gables FL		City & State	
Zip 33146	Country	Zip	Country

4. FEI Number 65-1181170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARI, MANUEL J ESQ.
250 BIRD RD., STE. 200
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2005 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	PD GUTIERREZ, ELADIO 1111 NW 20TH AVE. MIAMI, FL 33135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Eladio Gutierrez P.O. Box 452734 Miami FL 33245	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUTIERREZ, MIGUEL 3031 NW 16TH ST. MIAMI, FL 33125	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D. Miguel Gutierrez P.O. Box 452734 Miami FL 33245	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Eladio Gutierrez 3/5/05 305 644 0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #