

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039466

Entity Name: ESMERALD GROUP, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

12113 SW 131 AVE  
MIAMI, FL 33186 US

## New Principal Place of Business:

15420 SW 136 ST  
#26  
MIAMI, FL 33196 US

## Current Mailing Address:

7105 SW 8 STREET  
SUITE 306  
MIAMI, FL 33144 US

## New Mailing Address:

FEI Number: 01-0776345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTTA, NANCY S  
1521 ALTON ROAD, APT. 571  
MIAMI BEACH, FL 33129 US

## Name and Address of New Registered Agent:

MOTTA, NANCY S  
1805 SANS SOUCI BLVD  
401  
MIAMI, FL 33181 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOTTA, NANCY  
Address: 900 WANT AVE. #525  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: SD ( ) Delete  
Name: MONJE, HECTOR A  
Address: 900 WANT AVE. #525  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOTTA, NANCY  
Address: 1805 SANS SOUCI BLVD. # 401  
City-St-Zip: MIAMI, FL 33181 US

Title: SD (X) Change ( ) Addition  
Name: MONJE, HECTOR A  
Address: 1805 SANS SOUCI BLVD # 401  
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify 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: NANCY MOTTA

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date