

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90001-019-\$150.00-\$150.00

DOCUMENT # P03000051554				<p>FILED 04 OCT 14 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Entry Name E & M SHIELD CORP.					
Principal Place of Business 2407 OKEECHOBEE LANE FT LAUDERDALE, FL 33312		Mailing Address 2407 OKEECHOBEE LANE FT LAUDERDALE, FL 33312			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07222004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0020562	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, ROBERT		NAME		
STREET ADDRESS	2407 OKEECHOBEE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, TONY L		NAME		
STREET ADDRESS	2407 OKEECHOBEE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, RAMONA		NAME		
STREET ADDRESS	2407 OKEECHOBEE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, MILLIE K		NAME		
STREET ADDRESS	2407 OKEECHOBEE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Millie K Evans</i>		Date: <i>9-9-04</i>		Daytime Phone #: <i>(954) 327-7286</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	