

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90041 028 ***150.00

DOCUMENT # P03000070601

1. Entity Name
EMC GENERAL SERVICES, CORP.



Principal Place of Business
**2230 N. CYPRESS BEND DRIVE
#307
POMPANO BEACH, FL 33069**

Mailing Address
**2230 N. CYPRESS BEND DRIVE
#307
POMPANO BEACH, FL 33069**

50027451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3820 N.E. 12TH AVENUE

Suite, Apt. #, etc.

P.O. Box 24105

01192005

Chg-P

CR2E034 (10/03)

City & State

POMPANO BEACH, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

20-0059308

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33307

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name **GENESIS ACCOUNTING SERVICES CORP.**

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

1574 SE. 3RD COURT

City

DEERFIELD BEACH

FL

Zip Code

33441

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/11/05

DATE

**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

TITLE **P** ☐ Delete
NAME **LIMA, FRANCOISE B**
STREET ADDRESS **2230 N. CYPRESS BEND DRIVE #307**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Francoise Lima** **FRANCOISE LIMA**

03/11/05 **954-822-9622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #