## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000105079

FILED May 01, 2006 Secretary of State

Entity Name: EMERALD MANAGEMENT AND INVESTMENT, INC.

Current Principal Place of Business:			New Principal Place of Business:			
11220 SW MIAMI, FL						
Current Mailing Address:			New Mailing Address:			
P.O. BOX MIAMI, FL						
FEI Number	: 51-0504253	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	d Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:		
CHARLES 11220 SW MIAMI, FL						
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,		
	e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,		
n the Stat	e of Florida. RE:	submits this statement for the particles of Registered Against Signature Of Registered Against		d office or registered agent, or both,  Date		
n the Stat SIGNATU n accordan	e of Florida.  RE: Electror  ce with s. 607.19	nic Signature of Registered Age 3(2)(b), F.S., the corporation did no	ent			
n the Stat SIGNATU n accordan Election Ca	e of Florida.  RE: Electror  ce with s. 607.19	nic Signature of Registered Age 3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ent of receive the prior notice.			
n the Stat SIGNATU n accordan Election Ca	e of Florida.  RE: Electror  ice with s. 607.19  mpaign Financin  S AND DIREC	nic Signature of Registered Age 3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ). TORS: Delete ERTON ST	ent of receive the prior notice. ADDITIONS/CHANGE	Date		
n the Stati BIGNATU In accordant Election Car DFFICER Vitle: Name: Address:	Electror  Electror  S AND DIREC  DP  CHARLES, EVE  11220 SW 156  MIAMI, FL 331	nic Signature of Registered Age 3(2)(b), F.S., the corporation did no 3 Trust Fund Contribution ( ). TORS: Delete ERTON ST 57 Delete ENNON ST	ent  It receive the prior notice.  ADDITIONS/CHANGE  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTORS		

I hereby certify that the information supplied with this filing does not qualify for the 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: EVERTON CHARLES DP 05/01/2006		DP	
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