

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128343

FILED
Apr 19, 2004
Secretary of State

Entity Name: EMERALD PROPERTIES, INC.

Current Principal Place of Business:

610 SW 99 AVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

610 SW 99 AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, JOHN
610 SW 99 AVE
PEMBROKE PINES, FL 33025

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMON, JOHN
Address: 610 SW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: MEDNICK, JANATHAN
Address: 610 SW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: ESCOBAR, ERNESTO
Address: 610 SW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SIMON, JOHN
Address: 610 SW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S (X) Change () Addition
Name: MEDNICK, JANATHAN
Address: 610 SW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD (X) Change () Addition
Name: ESCOBAR, ERNESTO
Address: 610 SW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN H. SIMON

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04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date