


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90045 037 \*\*\*150.00

<b>DOCUMENT # P04000009850</b> 1. Entity Name <b>EMYC USA, CORP.</b>			
Principal Place of Business <b>7921 NW 67 ST</b> <b>MIAMI, FL 33166</b>		Mailing Address <b>7921 NW 67 ST.</b> <b>MIAMI, FL 33166</b>	
2. Principal Place of Business <b>4851 nw 79 Ave</b> Suite, Apt. #, etc. <b>suite 5</b> City & State <b>Miami, FL</b> Zip <b>33166</b>		3. Mailing Address <b>4851 NW 79 Ave</b> Suite, Apt. #, etc. <b>Suite 5</b> City & State <b>Miami, FL</b> Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0689529</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SILVA, GABRIELA L</b> <b>7921 NW 67 ST.</b> <b>MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>Gabriela Silva</b> Street Address (P.O. Box Number is Not Acceptable) <b>8343 lake Drive K-403</b> <b>Miami, FL 33166</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMYC USA, CORP. 7921 NW 67 ST MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gabriela Silva 8343 Lake Drive K-403 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

50018764



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