

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000014468

1. Entity Name
EL EMPERATRIS CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 11:54

Principal Place of Business
11320 SW 46 ST
MIAMI, FL 33165

Mailing Address
11320 SW 46 ST
MIAMI, FL 33165



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182005 Chg-P CR2E034 (10/03)

4. FEI Number

41-2123127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCO, OMAR
11320 SW 46 ST
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name RENE BLANCO

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

11320 SW 46 ST

City MIAMI

FL

Zip Code

33165

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]

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

(NOTE: Registered Agent signature required when re-registering)

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 PD
NAME BLANCO, OMAR
STREET ADDRESS 11320 SW 46 ST
CITY-ST-ZIP MIAMI, FL 33165

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RENE BLANCO
STREET ADDRESS 11320 SW 46 ST
CITY-ST-ZIP MIAMI, FL 33165

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #