2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90064 016 ***150.00

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1. Entity Name
EL EMPERATRIS CORP.

Principal Place of Business
2150 SW 72 AVE
MIAMI, FL 33155

Mailing Address
2150 SW 72 AVE
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box # 6330 SW 44 ST
Suite, Apt #, etc
City & State MIAMI FL
Zip 33155 Country

3. Mailing Address
Suite, Apt. #, etc 6330 SW 44 ST
City & State MIAMI FL
Zip 33155 Country

03122007 Chg-P CR2E034 (12/06)

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, RENE
2150 SW 72 AVE
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name EL EMPERATRIS CORP
Street Address (P.O. Box Number is Not Acceptable) 6330 SW 44 ST
City MIAMI FL Zip Code 33155

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	BLANCO, RENE
STREET ADDRESS	2150 SW 72 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	6330 SW 44 ST ☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X _____ 03/12/07 (786) 315-0798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #