

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065768

Entity Name: EMERAL PROPERTY, INC.

FILED
Jul 26, 2005
Secretary of State

Current Principal Place of Business:

1100 N. FLORIDA MANGO DR.
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1100 N. FLORIDA MANGO DR.
A
WEST PALM BEACH, FL 33409

Current Mailing Address:

1100 N. FLORIDA MANGO DR.
WEST PALM BEACH, FL 33409

New Mailing Address:

1100 N. FLORIDA MANGO DR.
A
WEST PALM BEACH, FL 33409

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

Name and Address of Current Registered Agent:

AGNES S. HOLLINGSHEAD, P.A.
3600 S CONGRESS AVE
STE G
BOYNTON BEACH, FL 33426 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: ONGEL, MATT PRES
Address: 1100 N. FLORIDA MANGO RD. #A
City-St-Zip: WEST PALM BEACH, FL 33409

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: MATT ONGEL

PRES

07/26/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date