


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000071026 1. Entity Name E.M.A. GENESIS ASSOCIATES CORP	
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Principal Place of Business 5101 NW 12 AV. MIAMI, FL 33127	Mailing Address 5101 NW 12 AV. MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1076263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, ELVIN 5101 NW 12 AV. MIAMI, FL 33127
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IN THIS SPACE**

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: <i>Elvin Alvarez</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: _____ <small>(NOTE: Registered Agent signature required when reinstalling)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALVAREZ, ELVIN 5101 NW 12 AV. MIAMI, FL 33127
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05/19/06-80038-021 150.00

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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: <i>Elvin Alvarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: _____ Daytime Phone #: _____