


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 048 ***150.00

DOCUMENT # P04000109711	
1. Entity Name EMMANUEL ENTERPRISES GROUP, INC.	

Principal Place of Business 5763 NW 98TH CT. DORAL, FL 33178	Mailing Address 5763 NW 98TH CT. DORAL, FL 33178
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60026127



2. Principal Place of Business - No P.O. Box # 5763 N.W. 98TH CT.	3. Mailing Address 5763 N.W. 98TH CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

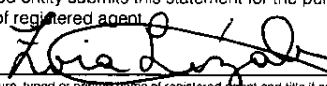
03072007 Chg-P CR2E034 (12/06)

City & State DORAL-FL	City & State DORAL-FL
Zip 33178	Zip 33178
Country USA	Country U.S.A

4. FEI Number 20-1428268	Applied For <input type="checkbox"/> Not Applicable
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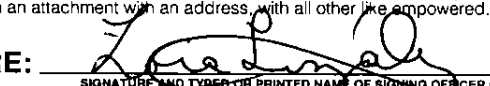
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, ZOIA 5763 NW 98TH CT. DORAL, FL 33178	
7. Name and Address of New Registered Agent Name ZOIA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 5763 N.W. 98TH CT. City DORAL-FL Zip Code 33178	

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 	DATE 3/15/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ZOIA 5763 NW 98TH CT. DORAL, FL 33178 <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
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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 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: 	DATE 3/15/07 DAYTIME PHONE (305) 499-9955