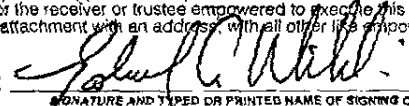


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132256 1. Entity Name AFS / EMG CORPORATION					
Principal Place of Business 5070 NW 116 CT MIAMI, FL 33178			Mailing Address 5070 NW 116 CT MIAMI, FL 33178		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1658723	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MICHELI, EDUARDO A 5070 NW 116 CT MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 restateing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELI, EDUARDO A 5070 NW 116 CT MIAMI, FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELI, EDUARDO A 5070 NW 116 CT MIAMI, FL 33178	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELI, EDUARDO A 5070 NW 116 CT MIAMI, FL 33178	☐ Delete			
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 life empowered.					
SIGNATURE: 		Date: 3/22/06 Office Phone #: (305) 331-6206			