


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90026 050 \*\*\*150.00

<b>DOCUMENT # P04000137270</b>	
1. Entity Name <b>EMSALEM CORP</b>	

Principal Place of Business <b>9480 HARDING AVENUE SURFSIDE, FL 33154</b>	Mailing Address <b>9480 HARDING AVENUE SURFSIDE, FL 33154</b>
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40016600

2. Principal Place of Business <b>16500 COLLINS AVENUE Suite, Apt. #, etc. UNIT 553 - OCEANIA V</b>	3. Mailing Address <b>16500 COLLINS AVENUE Suite, Apt. #, etc. UNIT 553 - OCEANIA V</b>
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02022005 Chg-P CR2E034 (10/03)

City & State <b>SUNNY ISLE BEACH, FL</b>	City & State <b>SUNNY ISLE BEACH, FL</b>
Zip <b>33160</b>	Country <b>USA</b>
Zip <b>33160</b>	Country <b>USA</b>

4. FEI Number <b>20-1705448</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BENICHAY, BRIGITTE 100 NORTH BISCAYNE BLVD SUITE 2904 MIAMI, FL 33132</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>EMSALEM, PAUL</b>	
STREET ADDRESS <b>9480 HARDING AVENUE</b>	
CITY-ST-ZIP <b>SURFSIDE, FL 33154</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>EMSALEM, ANGELIQUE</b>	
STREET ADDRESS <b>9480 HARDING AVENUE</b>	
CITY-ST-ZIP <b>SURFSIDE, FL 33154</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMSALEM PAUL</b>	
STREET ADDRESS <b>16500 Collins Avenue - Unit 553 - Oceania V</b>	
CITY-ST-ZIP <b>Sunny Isle Beach FL 33160</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMSALEM ANGELIQUE</b>	
STREET ADDRESS <b>16500 Collins Avenue - Unit 553 - Oceania V</b>	
CITY-ST-ZIP <b>Sunny Isle Beach FL 33160</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **2/7/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #