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Secretary of State

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07112005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162807

1. Entity Name
EMERALD APARTMENTS, INC.

Principal Place of Business	Mailing Address
3391 NW 97TH TERR SUNRISE, FL 33351	3391 NW 97TH TERR SUNRISE, FL 33351

2. Principal Place of Business		3. Mailing Address	
1301 EMERALD TERR.		P.O. BOX 450534	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT-PIERCE, FLORIDA		City & State: SUNRISE, FLORIDA	
Zip: 3495D	Country: ST-LUCIE	Zip: 33345	Country: BROWARD

4. FEI Number: 20-1958229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIEW, DAYWHOTEE 3391 NW 97TH TERR SUNRISE, FL 33351	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 SIEW, DAYWHOTEE 3391 NW 97TH TERR SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Daywhotee Siew 07-26-05 (954)7489325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#P04000162807

ATTACHMENT

Document Number: 660286163

6/22/05

Emerald Apts Inc
PO Box 450534
Sunrise Fla 33345

Division of Corporations

Dear Sir/madam

My apology for not sending payment on time, I am sorry I did not know that I had to Renew my Corporation and I went ~~out of~~ for an Emergency to a funeral and sick friend. This is the first time I had a Corportion that needed to be renewed, so I apologize again and I assure you it would never happen again

Thank you for you Cooperation,

Dayndiata Sierra