


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90077 025 ***150.00

DOCUMENT # P04000172621	
1. Entity Name EM HALES, INC.	

Principal Place of Business 1515 NE 17TH WAY FT. LAUDERDALE, FL 33304	Mailing Address 1515 NE 17TH WAY FT. LAUDERDALE, FL 33304
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20063636

2. Principal Place of Business 2019 SW 9th ave	3. Mailing Address 2019 SW 9th ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33315	Country -

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2059853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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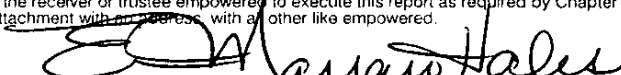
6. Name and Address of Current Registered Agent MASSARO-HALES, ERICA 1515 NE 17TH WAY FT. LAUDERDALE, FL 33304
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7. Name and Address of New Registered Agent Name ERICA MASSARO - HALES Street Address (P.O. Box Number is Not Acceptable) 2019 SW 9th ave City Fort Lauderdale FL Zip Code 33315
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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  ERICA MASSARO-HALES 7/6/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSARO-HALES, ERICA 1515 NE 17TH WAY FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSARO-HALES, ERICA 2019 SW 9th ave FORT LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSARO-HALES, ERICA 1515 NE 17TH WAY FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSARO-HALES, ERICA 2019 SW 9th ave FORT LAUDERDALE FL 33315 <input checked="" 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
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 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 an other like empowered.	
SIGNATURE:  ERICA MASSARO-HALES 7/6/05 9545608725 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	