2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081524

SILBERMAN, AARON

2160 NE 203 TERR

MIAMI, FL 33179

Name:

Address:

City-St-Zip:

Entity Name: E & M EVERYTHING AND MORE, INC.

FILED Apr 04, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
6095 NW MIAMI, FL	167 ST #D-1 33015				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6095 NW MIAMI, FL	167 ST #D-1 33015				
FEI Number	: 20-2956336	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	A, ANGEL D 2 AVE #416 33126 US		CORDOVA, ANGEL D 782 NW 42 AVE #340 MIAMI, FL 33126 US	6	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/04/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DPT (SILBERMAN, N 2160 NE 203 T N MIAMI, FL 3	ERR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S (ROFFE, MANU 21222 NE 32 F AVENTURA, FI	PL	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V (MONTENEGRO 791 CRANDON KEY BISCAYN	BLVD. #906	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	D () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MERY SILBERMAN PRES 04/04/2009