2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2006 8:00 am Secretary of State

DOCUMENT # P05000165449 1. Entity Name EMAIL BRANDS, INC.					07-21-2006 90027 046 ***150.00				
Principal Place	e of Business	Mailing Address 8510 SW 52ND AVE. MIAMI, FL 33143 US			40100355				
MIAMI, FL 3	3143 US								
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07032006				
City & Star	de	City & State			4. FEI Numbe	Chg-P	CR2E034 (11/05)	oplied For	
Zip	Country			****	4. 12. 10.110		N	ot Applicable	
Σ.Ιρ			Zip Country			of Status Desired	See Require	ditional ed	
ļ. .	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered Agent		
8510 SW	BOORD, LEONARD 8510 SW 52ND AVE. MIAMI, FL 33143			<u></u>	Street Address (P.O. Box Number is Not Acceptable)				
, isuszánu, i. r	. 3,3143								
	named entity submits this statement for			City			FL Zip Cod		
SIGNATURE	Signature, typed or primited name it regulared agent	and little d applicable. (NO		a Agent signature require	od when reinstating)		DATE 200	55 the	
D	ue by September 6, 2006	Trust Fund Cor	~		ded to Fees	corporation did	with s. 607.193(2)(b), not receive the prior	notice.	
10.	OFFICERS AND DIRECTORS PSD Detector		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
NAME STREET ADDRESS CITY+ST-ZIP	BOORD, LEONARD 8510 SW 52ND AVE. MIAMI, FL 33143	☐ Defete	NAME STREE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			3 -		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
' indicated	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation	s true and accurate and that	my signati	ure shall have the	same lenal effec	t as if made under	nath: that I am an officer	or director	

changed, or on an attachment with an address

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR

Duy 3, 2004

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT /											
1. Entity Nam	MENT # P0500016 RANDS, INC.	55449						152			
Principal Plac	ce of Business	Mailing Address	Mailing Address			1 ATTACHMENT					
8510 SW 52ND AVE. MIAMI, FL 33143 US		8510 SW 52ND AVE. MIAMI, FL 33143 U			j	40100355					
2. Principal Place of Business		3. Mailing Address					m.,				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07032006	Chg-P	CR2E0	34 (11/05)			
City & State		City & State	City & State		4. FEI Numb	er		_ 	oplied For ot Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	ditional d		
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New	Registered A	lgent			
BOORD, LEONARD 8510 SW 52ND AVE. MIAMI, FL 33143					reet Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	le		
8. The above	e named entity submits this statement	for the purpose of changing its	register	ed office or regi	stered agent, or bo	oth, in the State of	Florida. I am f	amiliar with,	and accept		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent (and the it applicable) (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees	In accordance corporation d					
10.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	11.		ADDITIONS	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOORD, LEONARD 8510 SW 52ND AVE. MIAMI, FL 33143	☐ Delete						☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition		
indicated of the cor	certify that the information supplied w I on this report or supplemental report rporation or the receiver or trustee or , or on an attachment with an actorys	I is true and accurate and that no nowered to execute this report	ny signa as requi	ture shall have t	he same legal effe	ct as if made unde	er oath; that 1 a ime appears ir	ım an officer	or director		