

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075479

FILED
Apr 24, 2007
Secretary of State

Entity Name: E.M. PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

17000 N BAY RD
SUITE 715
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17000 N BAY RD
SUITE 715
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

17000 N BAY RD
SUITE 1715
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

17000 N BAY RD
SUITE 1715
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-4986201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, EFRAIN M
17000 N BAY RD
SUITE 715
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

MARTINEZ PINEDA, EFRAIN
17000 N BAY RD
SUITE 1715
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: EFRAIN MARTINEZ PINEDA

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PINEDA, EFRAIN M
Address: 17000 N BAY RD., SUITE 715
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V () Delete
Name: SALGADO, JULIANA
Address: 17000 N BAY RD., SUITE 715
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ PINEDA, EFRAIN
Address: 17000 N BAY RD., SUITE 1715
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V (X) Change () Addition
Name: SALGADO, JULIANA P
Address: 17000 N BAY RD., SUITE 1715
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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.

SIGNATURE: EFRAIN MARTINEZ PIENDA

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date