

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

07-20-2007 90017 031 ***150.00

DOCUMENT # P06000094744

1. Entity Name
EMA CONSTRUCTION, INC.



Principal Place of Business
10082 IVERSON DRIVE
ORLANDO, FL 32832 US

Mailing Address
10082 IVERSON DRIVE
ORLANDO, FL 32832 US

66021278



08162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5284242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, MARTA M
10082 IVERSON DRIVE
ORLANDO, FL 32832

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLORES, MARTA M
STREET ADDRESS 10082 IVERSON DRIVE
CITY-ST-ZIP ORLANDO, FL 32832 ☐ Delete

TITLE VP
NAME SALMERON, LUIS G
STREET ADDRESS 1359 SIERRA CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34744 ☐ Delete

TITLE S
NAME RIVERA, JOSUE H
STREET ADDRESS 14 LAS BRISAS WAY
CITY-ST-ZIP KISSIMMEE, FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemptions contained 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 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: *Marta M. Flores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/07

Date

Daytime Phone #