

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90017 007 ***150.00

DOCUMENT # P06000114998

1. Entity Name

ELMG CORP.



Principal Place of Business

10735 EMBER ST
BOCA RATON FL 33428
US

Mailing Address

10735 EMBER ST
BOCA RATON FL 33428
US



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

10968 WINDING CREEK LN
Suite, Apt. #, etc.

3. Mailing Address

10968 WINDING CREEK LN
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

20-3496670

Applied For

Not Applicable

Zip

33428

Country

US

Zip

33428

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOUVEIA, ETERSON M
10735 EMBER ST
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
GOUVEIA, ETERSON M

Street Address (P.O. Box Number is Not Acceptable)

10968 WINDING CREEK LN

City

BOCA RATON

FL

Zip Code

33428

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

04/30/2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	GOUVEIA, ETERSON M	
STREET ADDRESS	10735 EMBER ST	
CITY-STATE-ZIP	BOCA RATON FL 33428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DE GOUVEIA, LAZARO A JR	
STREET ADDRESS	10735 EMBER ST	
CITY-STATE-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	
TITLE		<input type="checkbox"/> Delete
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	
TITLE		<input type="checkbox"/> Delete
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	
TITLE		<input type="checkbox"/> Delete
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUVEIA, ETERSON M	
STREET ADDRESS	10968 WINDING CREEK LN	
CITY-STATE-ZIP	BOCA RATON FL - 33428	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GOUVEIA, LAZARO A JUNIOR	
STREET ADDRESS	10968 WINDING CREEK LN	
CITY-STATE-ZIP	BOCA RATON - FL - 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	//	
STREET ADDRESS	//	
CITY-STATE-ZIP	//	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/2007