

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061864

FILED
Mar 13, 2009
Secretary of State

Entity Name: EMELY PROFESSIONAL SERVICES, CORP.

Current Principal Place of Business:

8300 SW 154 AVE UNIT 19
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

8300 SW 154 AVE UNIT 19
MIAMI, FL 33193

New Mailing Address:

FEI Number: 26-0233514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, JUAN
8300 SW 154 AVE UNIT 19
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONCE, JUAN C
Address: 8300 SW 154 AVE UNIT 19
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: PONCE, YANET
Address: 8300 SW 154 AVE UNIT 19
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PONCE, JUAN C
Address: 8300 SW 154 AVE UNIT 19
City-St-Zip: MIAMI, FL 33193

Title: VPD (X) Change () Addition
Name: PONCE, YANET
Address: 8300 SW 154 AVE UNIT 19
City-St-Zip: MIAMI, FL 33193

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: JUAN C PONCE

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date