



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90090 033 \*\*\*150.00

<b>DOCUMENT # P93000000240</b>		
1. Entity Name <b>EMRANCO, INC.</b>		
Principal Place of Business <b>1402 LUCERNE AVE LAKEWORTH, FL 33460 US</b>		Mailing Address <b>1402 LUCERNE AVE LAKEWORTH, FL 33460 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>STEWART, JAMES M 1211 THE PLAZA SINGER ISLAND, FL 33404-4740</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		DATE _____
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	EMRAN, MOHAMMED	
STREET ADDRESS	1104 HATTRES CIRTCL	
CITY - ST - ZIP	WEST PALM BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		Date: <b>2-19-07</b> (561) 351-5019
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0465544</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required