2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000086754

Entity Name: EMIL FRANC, INC.

FILED Nov 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9500 HARDING AVE SURFSIDE, FL 33154

Current Mailing Address: New Mailing Address:

9500 HARDING AVE SURFSIDE, FL 33154

FEI Number: 65-0538378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, EMILIO L INTEGRAL BUSINESS SOLUTIONS, INC 9500 HARDING AVE 26900 SW 182 TH AVE

SURFSIDE, FL 33154 US HOMESTEAD, FL 33031 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: ANDRES RUIZ 11/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

9500 HARDING AVE

SURFSIDE, FL 33154

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 GONZALEZ, EMILIO L
 Name:
 REGLERO, HECTOR

 Address:
 9500 HARDING AVE
 Address:
 4950 PINE TREE DR

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:
 MIAMI BEACH, FL 33140

Title: TD () Delete Title: PSD (X) Change () Addition Name: GONZALEZ, NORBERTO A Name: GONZALEZ, NORBERTO

Name:GONZALEZ, NORBERTO AName:GONZALEZ, NORBERTO AAddress:9500 HARDING AVEAddress:9500 HARDING AVECity-St-Zip:SURFSIDE, FL 33154City-St-Zip:SURFSIDE, FL 33154

Title: D () Delete Title: T (X) Change () Addition Name: GONZALEZ, KRISTEN R Name: RUIZ, ANDRES I

 Name:
 GONZALEZ, KRISTEN R
 Name:
 ROIZ, ANDRES I

 Address:
 9500 HARDING AVE
 Address:
 951 BRICKELL AVE

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:
 MIAMI, FL 33131

Title: D (X) Delete Title: () Change () Addition Name: GONZALEZ, ALEJANDRA Name:

Name: Address: City-St-Zip:

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: HECTOR REGLERO PVS 11/21/2008