

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000034562		
1. Entity Name EMP COMMUNICATIONS INTERNATIONAL INC.		
Principal Place of Business 3590 NW 61ST CIRCLE BOCA RATON, FL 33496 US		Mailing Address 3590 NW 61ST CIRCLE BOCA RATON, FL 33496 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEL Number 65-0589407		Alphabet For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PATTEN, ELIZABETH 3590 N.W 61ST CIR BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, 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, the registered agent.		
SIGNATURE <i>Elizabeth Patten</i> April 11-05		
FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	PATTEN, ELIZABETH	
STREET ADDRESS	3590 NW 61ST CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(b), 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 holder of trustee powers to execute this report as required by Chapter 607, Florida Statutes; and that my name appeared in Block 10 or Block 11 if changed, or on an attachment with an address and all other the information.		
SIGNATURE <i>Elizabeth Patten</i> April 11-05 561-998-9198		