

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000049422

FILED
Jul 17, 2008
Secretary of State**Entity Name:** EMEX, INC.**Current Principal Place of Business:**7829 NW 72ND AVE
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**PO BOX 669303
MIAMI, FL 33166**New Mailing Address:****FEI Number:** 65-0615416**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EMERAN, JEAN M
561 NE 177TH ST
MIAMI, FL 33162 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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: EMERAN, JEAN
Address: 561 NE 177TH ST
City-St-Zip: MIAMI, FL 33162**Title:** VP () Delete
Name: EMERAN, JEAN MICHEAL
Address: 1201 NE 199ST
City-St-Zip: MIAMI, FL 33179**Title:** VP (X) Delete
Name: EMERAN, GUY -CHARLES
Address: 561 NE 177TH ST
City-St-Zip: MIAMI, FL 33162**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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: MICHAEL EMERAN

PD

07/17/2008

Electronic Signature of Signing Officer or Director_____
Date