


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90056 037 \*\*\*150.00

<b>DOCUMENT # P96000050011</b>	
1. Entity Name <b>EMERALD REAL ESTATE, INC.</b>	

Principal Place of Business <b>260 CRANDON BLVD #8 KEY BISCAINE, FL 33149 US</b>	Mailing Address <b>260 CRANDON BLVD #8 KEY BISCAINE, FL 33149 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1401 BRICKELL AVE Suite, Apt. #, etc. #320</b>	3. Mailing Address <b>1401 BRICKELL AVE Suite, Apt. #, etc. #320</b>
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City & State <b>MIA FLORIDA</b>	City & State <b>MIA FLORIDA</b>
Zip <b>33131</b>	Country <b>USA</b>

40073988



02142007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0674424</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>GARBER, HAROLD M P.A. 2999 NE 191 ST SUITE 903 MIAMI, FL 33180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP FERNANDEZ, EDUARDO 260 CRANDON BLVD., #8 KEY BISCAINE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP EDUARDO FERNANDEZ 1401 BRICKELL AVE #320 MIA - FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST ROMERO, SANTIAGO 260 CRANDON BLVD., #8 KEY BISCAINE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST SANTIAGO ROMERO 1401 BRICKELL AVE #320 MIA - FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>EDUARDO FERNANDEZ</b>	Date <b>7/17/07</b>	Daytime Phone # <b>305-365-3673</b>
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