


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000095724</b>	
1. Entity Name <b>EMONCI XAT EERF, INC.</b>	

Principal Place of Business <b>501 BRICKELL KEY DRIVE SUITE 300 MIAMI FL 33131</b>	Mailing Address <b>P.O. BOX 398056 MIAMI BEACH FL 33139 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number <b>65-0711452</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
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<b>SANCHEZ, NORMA</b> <b>9133 SW 6 ST</b> <b>MIAMI FL 33174</b>	
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.	
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SIGNATURE <i>[Signature]</i>	(NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>SANCHEZ, NORMA C</b> <b>9133 S.W. 6TH STREET</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>CAMPILLO, ANDRES A</b> <b>501 BRICKELL KEY DRIVE, SUITE 300</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>UN00000028672</b> <b>02/04/04-80036-014 150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <i>[Signature]</i>	Date: <i>1/29/04</i>	Daytime Phone #: <i>305-374-4100</i>
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