

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 016 ***150.00

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1. Entity Name

EMERGING MARKETS ADVISORY GROUP, CORP.



Principal Place of Business

20533 BISCAYNE BLVD.
PMB 1235
AVENTURA FL 33180
US

Mailing Address

19495 BISCAYNE BLVD.
SUITE 705
AVENTURA FL 33180



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0804692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGOZI, LEON PA
19495 BISCAYNE BLVD
SUITE 705
AVENTURA FL 33180

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SEGAL, YANIV
STREET ADDRESS 3530 MYSTIC POINTE DR #2213
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7000 Island Blvd., Apt 290Y
CITY-ST-ZIP Aventura, FL 33160

TITLE D ☐ Delete
NAME SEGAL, DANA
STREET ADDRESS 3530 MYSTIC POINTE DR #2213
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7000 Island Blvd., Apt. 290Y
CITY-ST-ZIP Aventura, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
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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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports, 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

4/27/06

Date

Daytime Phone #