## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000079063

Entity Name: EMERE G CORP.

City-St-Zip:

MARGATE, FL 33063

FILED Apr 17, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3099 NW 48 AVE. 1401 VILLAGE BLVD. APT 154 # 133 FORT LAUDERDALE, FL 33313 WEST PALM BEACH, FL 33409 **Current Mailing Address: New Mailing Address:** 3099 NW 48 AVE. APT 154 FORT LAUDERDALE, FL 33313 FEI Number: 65-0878027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAVE, ERIC C 3099 NW 48 AVE. #154 FORT LAUDERDALE, FL 33313 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GLAVE, ERIC C GLAVE, ROSALPINA Name: Name: 2901 ROCK ISLAND RD. #106 1401 VILLAGE BLVD Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: WEST PALM BEACH, FL 33409 Title: Title: () Delete () Change () Addition Name: GLAVE, MARIA I Name: 2901 ROCK ISLAND RD. #106 Address: Address: MARGATE, FL 33063 City-St-Zip: City-St-Zip: Title: Title: BM(X) Delete () Change () Addition GLAVE, ERICA M Name: Name: 2901 ROCK ISLAND RD. #106 Address: Address: City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition GLAVE, ERIC C SR GLAVE, ERIC C SR Name: Name: Address: 2901 ROCK ISLAND RD. #106 Address: 3099 NW 48TH AVE City-St-Zip: City-St-Zip: MARGATE, FL 33063 FORT LAUDERDALE, FL 33313 Title: (X) Delete Title: () Change () Addition GLAVE, ROSALPINA Name: Name: 2901 ROCK ISLAND RD. #106 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ROSALPINA GLAVE PC 04/17/2004