## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 03, 2006 08:00 AM DOCUMENT # P99000014448 **Secretary of State** 1. Entity Name EMBLER CREATIVE CONSULTANTS, INC. Principal Place of Business Mailing Address 7861 S.W. 171ST STREET MIAMI FL 33157 7861 S.W. 171ST STREET MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) tst MOORE Applied For City & State City & State 4. FEI Number 65-0901665 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMBLER, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 7861 S.W. 171ST STREET **MIAMI FL 33157** Zip Code City 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 DATE (NOTE Registered Agent signature required when reinstaling) Signature Typed in printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change 🔲 Addition ☐ Delote DILE TITLE EMBLER, JENNIFER MANT NAME U00000454883 STREET ADDRESS STREET ADDRESS 7861 S.W. 171ST STREET 03/15/06-80033-012 190.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Change ☐ Addition Delete DDLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Addition Change Change Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete DILE TITLE MAME ΝΛΜΣ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP (21Y-S1-20) Delete Change BILE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 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 it made under oath, that it am an officer or director of the corporation or the receiver or trustee empowered to exegute this report as required by Chapter 807, 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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