

Apr 05 05 01:21p

James Bradford

305-825-6293 **FILED** p.1
Apr 08, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000085834					
1. Entity Name EMONEYLINE, INC.					
Principal Place of Business 9949 NW 89TH AVE., UNIT 7 MIAMI, FL 33178 US			Mailing Address 9949 NW 89TH AVE., UNIT 7 251 MIAMI, FL 33178 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0964890	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent CHANEY, ROBERT K 2100 WEST 76 ST STE 211 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
6. 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 agent's supervisor Typed Name of Agent or Supervisor DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Fund/Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SHERWOOD, DAVID 15113 SW 138 TR MIAMI, FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS CHANCY, WILLIAM 580 NE 164 ST MIAMI, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(b), 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 changes, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William Chaney</u> 4/05/05 305 887 821 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Payable From:					



03032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-09648905. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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Signature typed or printed name of registered agent and agent's supervisor Typed Name of Agent or Supervisor DATE

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 Fund/Fund Contribution. ☐ \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
 U00000293149
 04/08/05-80017-015 150.00

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