

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90005 038 \*\*\*150.00

**DOCUMENT # P99000090795**

1. Entity Name  
**EMR HOLDINGS INC.**



Principal Place of Business  
**5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126**

Mailing Address  
**5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126**



2. Principal Place of Business - No P.O. Box #  
**207 East Hillcrest St.**

3. Mailing Address  
**207 East Hillcrest St.**

01152008 Chg-P CR2E034 (12/06)

City & State  
**Orlando, FL**  
Zip  
**32801**  
Country  
**U.S.**

City & State  
**Orlando, FL**  
Zip  
**32801**  
Country  
**U.S.**

4. FEI Number  
**52-2196323**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DUARTE-VIERA, ANIBAL J  
5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                          |                                 |
|----------------|------------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                                 | <input type="checkbox"/> Delete |
| NAME           | <b>REISS, EDWARD M</b>                   |                                 |
| STREET ADDRESS | <b>5835 BLUE LAGOON DRIVE, SUITE 200</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI, FL 33126</b>                   |                                 |
| TITLE          |                                          | <input type="checkbox"/> Delete |
| NAME           |                                          |                                 |
| STREET ADDRESS |                                          |                                 |
| CITY-ST-ZIP    |                                          |                                 |
| TITLE          |                                          | <input type="checkbox"/> Delete |
| NAME           |                                          |                                 |
| STREET ADDRESS |                                          |                                 |
| CITY-ST-ZIP    |                                          |                                 |
| TITLE          |                                          | <input type="checkbox"/> Delete |
| NAME           |                                          |                                 |
| STREET ADDRESS |                                          |                                 |
| CITY-ST-ZIP    |                                          |                                 |
| TITLE          |                                          | <input type="checkbox"/> Delete |
| NAME           |                                          |                                 |
| STREET ADDRESS |                                          |                                 |
| CITY-ST-ZIP    |                                          |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 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

**1-17-08**

Date Daytime Phone #

ATTACHMENT

207 EAST HILLCREST STREET  
ORLANDO, FL 32801

40008486  
# P99000090795

January 18, 2008

Florida Department of State

Please change all 6 enclosed to our **NEW MAILING ADDRESS** so that we get our Annual Report notice mailed here. We have been writing every month since August.

207 EAST HILLCREST STREET  
ORLANDO, FL 32801

TEL: 407 447-5884  
FAX: 407 650-9042  
CEESHARK@AOL.COM

|                 |                   |
|-----------------|-------------------|
| KENDALE PLAZA   | DOC# L05000119616 |
| THE 79 SHOPS    | DOC# L06000016015 |
| EMR HOLDINGS    | DOC# P99000090795 |
| KINGS MEADOW    | DOC# L07000057371 |
| GET MANAGEMENT  | DOC# P95000052707 |
| HIAWASSEE WOODS | DOC# L07000056921 |

Edward Reiss, Trustee

Coleen Crider