2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered,

SIGNATURE: X

FILED Feb 08, 2008 08:00 Al **DOCUMENT # P99000106152** Secretary of State 1. Entity Name EMERG & CO., INC. Principal Place of Business Mailing Address 2758 WEST ATLANTIC BLVD STE 53 2758 WEST ATLANTIC BLVD STE 53 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 CR2E034 (11/05) 01242008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3427363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent ALVES, FEDERICO DO NOT WRITE 4995 NW 72 AVE #400 MIAMI, FL 33166 IN THIS SPACE 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) 100000821077 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9.709-80009-013 Trust Fund Contribution." After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ALVEZ, FEDERICO NAME STREET ADDRESS 8880 SUNRISE LAKES BLVD #303 CITY-ST-ZIP SUNRISE, FL 33322 TITLE MIGUES MARTINEZ, MABEL P NAME STREET ADDRESS 8880 SUNRISE LAKES BLVD #303 CITY-ST-ZIP SUNRISE, FL 33322 TELLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

Daytma Phone #