

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90096 002 ***150.00

DOCUMENT # P03000052424	
1. Entity Name EMPIRE CONSTRUCTION & DEVELOPMENT CORPORATION	

Principal Place of Business 1926 JOHNSON STREET HOLLYWOOD FL 33020	Mailing Address 1926 JOHNSON STREET HOLLYWOOD FL 33020
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2. Principal Place of Business 2633 Oak Park Cir.	3. Mailing Address 2633 Oak Park Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Davie, FL.	City & State Davie, FL.
Zip 33328	Zip 33328
Country USA	Country

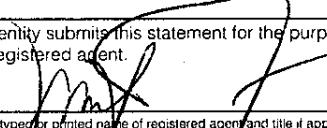


MOORE CR2E034 (11/03)

4. FEI Number 86-1072727	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOINER, MICHAEL 1926 JOHNSON STREET HOLLYWOOD FL 33020
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 2633 Oak Park Circle City Davie FL Zip Code 33328

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.	4/19/04
SIGNATURE 	DATE
(NOTE: Registered Agent signature required when reinstating)	

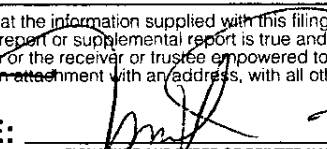
FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD JOINER, MICHAEL 1926 JOHNSON STREET HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition same 2633 Oak Park Circle Davie, FL. 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone #