

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90176 026 \*\*\*150.00

**DOCUMENT # P03000062508**

1. Entity Name  
**THE EMPIRE WORLD OF IMPORT & EXPORT CORP.**



Principal Place of Business  
**7150 NW 72 AVE**  
**MIAMI, FL 33166**

Mailing Address  
**7150 NW 72 AVE**  
**MIAMI, FL 33166**



2. Principal Place of Business  
**24837 S. Dixie Hwy**

3. Mailing Address  
**P.O. Box 92 4117**

Suite, Apt. #, etc.

05012004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI**

City & State  
**Princeton, FL**

Zip  
**33032**

Country  
**USA**

Zip  
**33092**

Country  
**USA**

4. FEI Number  
**55-0835463**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BORROTO, LIN**  
**7150 NW 72 AVE**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name **Borrito, Lin**

Street Address (P.O. Box Number is Not Acceptable)  
**24837 S. Dixie Hwy.**

City **MIAMI** State **FL** Zip Code **33032**

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 *Lin Borrito* DATE **5/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BORROTO, LANDY	
STREET ADDRESS	7150 NW 72 AVE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BORROTO, LIN	
STREET ADDRESS	7150 NW 72 AVE	
CITY-ST-ZIP	MIAMI, FL 33166	
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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borrito, L	
STREET ADDRESS	P.O. Box 92 4117	
CITY-ST-ZIP	Princeton FL 33092	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borrito, Lin	
STREET ADDRESS	P.O. Box 92 4117	
CITY-ST-ZIP	Princeton FL 33092	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hurtado, Jose	
STREET ADDRESS	P.O. Box 92 4117	
CITY-ST-ZIP	Princeton FL 33092	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hurtado, Ileana	
STREET ADDRESS	PO Box 92 4117	
CITY-ST-ZIP	Princeton FL 33092	
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 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: *Lin Borrito* DATE: **5/1/04**