

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90762 001 \*\*\*300.00



**DOCUMENT # P99000019238**

1. Entity Name

**EMPOWERING FACTORIES, INC.**

Principal Place of Business

**848 BRICKELL AVE  
 830  
 MIAMI FL 33131**

Mailing Address

**848 BRICKELL AVE  
 830  
 MIAMI FL 33131**

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

**65-0899230**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**MA MARINT & ASSOCIATES PA  
 848 BRICKELL AVE STE 830  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **RENEE ADWAR, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**RENEE ADWAR, P.A.**

**848 BRICKELL AVE, SUITE 830**

City **MIAMI**

**FL**

Zip Code **33131**

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

*Renee Adwar* **Renee Adwar**

(NOTE Registered Agent signature required when reinstating)

DATE

**4/19/06**

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CORTADA, FRANCISCO J</b>	
STREET ADDRESS	<b>848 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, GARY</b>	
STREET ADDRESS	<b>848 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</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		

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 Section 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

**4/21/06 (305)374-4482**

Date

Daytime Phone #