

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043785

Entity Name: EMPOWERMENT CONCEPTS, INC.**Current Principal Place of Business:**9780 E. INDIGO STREET
SUITE 301-302
MIAMI, FL 33157**Current Mailing Address:**9780 E. INDIGO STREET
SUITE 301-302
MIAMI, FL 33157 US**FEI Number:** 65-0706209**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DEL ROSARIO, JACQUELINE
10800 SW 135TH TER
MIAMI, FL 33176 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	DEL ROSARIO, JACQUELINE JDR.
Address	10800 SW 135TH TERRACE
City-State-Zip:	MIAMI FL 33176

Title	VP
Name	DEL ROSARIO, AARON MR.
Address	10800 SW 135 TERRACE
City-State-Zip:	MIAMI FL 33176

Title	SEC.
Name	DEL ROSARIO, ALEXANDER MR.
Address	10800 SW 135 TERRACE
City-State-Zip:	MIAMI FL 33176

Title	C
Name	TRIMM, DR. CINDY
Address	242 MEDICAL BLVD
City-State-Zip:	STOCKBRIDGE GA 30281

Title	BM
Name	JONES, JUDITH MAE
Address	14025 SW 154TH STREET
City-State-Zip:	MIAMI FL 33177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE DEL ROSARIO

CEO

01/17/2018

Electronic Signature of Signing Officer/Director Detail_____
Date