


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 554250</b> 1. Entity Name <b>EMPIRE INSURANCE AGENCY INC.</b>	
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Principal Place of Business  
6353 BIRD ROAD  
P.O. BOX 7637  
MIAMI, FL 33155-4825

Mailing Address  
6353 BIRD ROAD  
P.O. BOX 7637  
MIAMI, FL 33155-4825



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1767376</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ROUNDS, WENDY SUE  
5280 SW 69TH PL.  
MIAMI, FL 33155

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROUNDS, WENDY SUE 5280 S.W. 69 PL. MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEIGANT, STACY ANN 5280 S.W. 69 PL. MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGMAN, IRVING 5280 SW 69TH PL MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGMAN, JUNE 5280 SW 69TH PL MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000101416  
04/02/04-80012-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

3/3/04 305 662 6000