


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000006227  
 1. Entity Name  
 EMPIRE ART PRODUCTS CO., INC.



Principal Place of Business 2800 NW 125TH STREET N MIAMI, FL 33167	Mailing Address 2800 NW 125TH STREET N MIAMI, FL 33167
--	--

**} DO NOT WRITE IN THIS SPACE**



05102004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-1871737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HELMAN, GARY  
 2800 NW 125TH STREET  
 MIAMI, FL 33167

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HELMAN, GARY 1082 SAN LUIS REY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD MOSS, ERIC L 9676B BOCA GARDENS CIRCLE NORTH BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000160336  
 05/13/04-80018-002 150.00

**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)(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: *[Signature]* 5/10/04 305-688-5300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #