

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000003013

1. Entity Name
EMPIRIAN PROPERTY MANAGEMENT, INC.



Principal Place of Business
1211 FOREST AVENUE
LAKEWOOD, NJ 08701

Mailing Address

1211 FOREST AVENUE
LAKEWOOD, NJ 08701

2. Principal Place of Business
25 Phillips Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Montvale, NJ

City & State

Zip
07645

Country
Benson

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
JACOBIVITCH, MIKE
1211 FOREST AVENUE
LAKEWOOD, NJ 08701

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Henry Heinemann President
25 Phillips Parkway
Montvale NJ 07645

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Henry Heinemann

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 06, 2005 8:00 am
Secretary of State**

05-06-2005 90087 040 ***150.00



04212005 Chg-P CR2E034 (10/03)