2005 FOR PROFIT CORPORATION

SIGNATURE:

FILED **ANNUAL REPORT** Apr 18, 2005 08:00 AM **DOCUMENT # F69499** Secretary of State 1. Entity Name EMPES INC. Principal Place of Business Mailing Address **394 NW 24 STREET 394 NW 24 STREET** MIAMI, FL 33127 MIAMI, FL 33127 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2164135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MIZRACHI, SUSAN DO NOT WRITE **394 NW 24 STREET** MIAMI, FL 33127 IN THIS SPACE \$. The above named entity submits this statement for the purpose 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAME MIZRACHI, EZRA 394 NW 24 ST STREET ADDRESS UN0000312479 CXTY-ST-ZIP MIAMI, FL 33127 04/18/05-80088-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.