

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F69499 1. Entity Name EMPES INC.						FILE NO 12 MAY 17 PM 3:14 ATTORNEY	
Principal Place of Business 394 NW 24 STREET MIAMI, FL 33127				Mailing Address 394 NW 24 STREET MIAMI, FL 33127			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-2164135				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				Chg-P CR2E034 (12/11) \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIZRACHI, EZRA 394 NW 24 STREET MIAMI, FL 33127				7. Name and Address of New Registered Agent 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 <u><i>[Signature]</i></u> <small>Signature typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4-27-12			
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
REMITTED BY MAY 1							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MIZRACHI, EZRA 394 NW 24 ST MIAMI, FL 33127			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000235247540 05/17/12--01018--026 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 687, 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: <u><i>[Signature]</i></u>				DATE 4-27-12			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				E-MAIL ADDRESS			