

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005925

1. Entity Name
EMPIRE ONE TELECOMMUNICATIONS, INCORPORATED



Principal Place of Business
55 WASHINGTON STREET
9TH FLOOR
BROOKLYN, NY 11201 US

Mailing Address
55 WASHINGTON STREET
9TH FLOOR
BROOKLYN, NY 11201 US



08162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1963388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	BUTLER, PAUL A
STREET ADDRESS	455 EAST 80TH ST. APT 21A
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	CEO
NAME	SHEN, SHERI
STREET ADDRESS	55 WASHINGTON STREET, 9TH FLOOR
CITY-ST-ZIP	BROOKLYN, NY 11201

TITLE
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08/26/05-800001-1005 \$550.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #