

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 043 ***150.00

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1. Entity Name

EMPIRE COLOR, INC



Principal Place of Business

**117 LAKE EMERALD DR.
#306
OAKLAND PARK FL 33309**

Mailing Address

**117 LAKE EMERALD DR.
#306
OAKLAND PARK FL 33309**

2. Principal Place of Business

500 PRINCESS DR.

Suite, Apt. #, etc.

3. Mailing Address

500 PRINCESS DR.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-1087719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGUIAR, OSNI SANTOS
117 LAKE EMERALD DR. #306
OAKLAND PARK FL 33309**

7. Name and Address of New Registered Agent

Name

CHANGE

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

500 PRINCESS DR.

City

MARGATE

FL

Zip Code

33068

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME AGUIAR, OSNI SANTOS
STREET ADDRESS 117 LAKE EMERALD DR. #306
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 500 PRINCESS DR.
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

OSNI SANTOS AGUIAR 02/01/06 (954)974-2470

Date

Daytime Phone #