
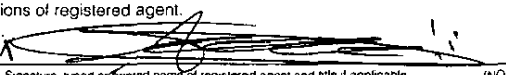
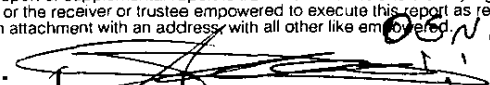


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90037 017 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P01000022046</b><br>1. Entity Name<br><b>EMPIRE COLOR, INC</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>500 PRINCESS DR<br/>POMPAÑO BEACH, FL 33068</b>   |  |   | Mailing Address<br><b>500 PRINCESS DR<br/>POMPAÑO BEACH, FL 33068</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>65-1087719</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AGUIAR, OSNI SANTOS<br/>500 PRINCESS DR<br/>POMPAÑO BEACH, FL 33068</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   | DATE <b>02/28/2007</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE   | PD <input type="checkbox"/> Delete<br><b>AGUIAR, OSNI SANTOS</b> |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>AGUIAR, OSNI SANTOS</b>                                       |   | NAME  |   |  |
| STREET ADDRESS  | <b>500 PRINCESS DR</b>   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>POMPAÑO BEACH, FL 33068</b>                                   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| 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 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | DATE <b>02/28/2007</b> (951) 974.2470<br><small>Daytime Phone #</small>   |   |  |

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02282007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**AGUIAR, OSNI SANTOS  
500 PRINCESS DR  
POMPAÑO BEACH, FL 33068**

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, 2007 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

PD ☐ Delete  
**AGUIAR, OSNI SANTOS  
500 PRINCESS DR  
POMPAÑO BEACH, FL 33068**

TITLE  
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☐ Change ☐ Addition

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 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 #