


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000088586	
1. Entity Name EMPIRE FLOORING, INC.	



02092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1139024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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Principal Place of Business 1916 S.W. 68 AVE. POMPAÑO BEACH, FL 33068	Mailing Address 1916 S.W. 68 AVE. POMPAÑO BEACH, FL 33068
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6. Name and Address of Current Registered Agent NOFIL, P.A., JOSEPH K. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000828913 02/26/08-80021-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RESTREPO, JANER 1916 SW 68TH AVE POMPAÑO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTREPO, MIKE 1916 SW 68TH AVE POMPAÑO BEACH, FL 33068
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TITLE 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 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 _____ 02-11-08	954296443
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>