Sent By: BAUM; 9547527041;

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90008 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000038951

1. Entity Name
EMPIRE MOVING AND STORAGE, INC.

Principal Place of Business	Mailing Address
~~17570 ATLANTIC BLVD #312~~	~~17570 ATLANTIC BLVD #312~~
~~MIAMI, FL 33160~~	~~MIAMI, FL 33160~~

73-1638110

54061095

2. Principal Place of Business	3. Mailing Address
3121 W. Hallandale Beach Blvd	
Suite, Apt. #, etc. Suite 109	Suite, Apt. #, etc.
City & State Pembroke Park	City & State FL
Zip 33009 Country US	Zip Country

06282004 Chg-P CR2E034 (10/03)

4. FEI Number [redacted] ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGAL, BENNY
17570 ATLANTIC BLVD #312
MIAMI, FL 33160

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 ____________________
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SEGAL, BENNY 17570 ATLANTIC BLVD #312 MIAMI, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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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: Owner [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #