


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State


03-11-2004 90012 015 ***150.00

DOCUMENT # P02000115185 1. Entity Name EMPIRE LIQUOR 27, INC.	
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Principal Place of Business 4399 S HWY 27 CLERMONT, FL 34711	Mailing Address 4399 S HWY 27 CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

44016786



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1852673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIM, JUN K 4399 S HWY 27 CLERMONT, FL 34711	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIM, JUN K 5800 OAK LAKE TRAIL ORIEDO, FL 32756
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IN THIS SPACE**

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: *Jun K Kim* President 3/5/04 407-435-9651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #