

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90028 042 ***150.00

DOCUMENT # P03000024005

1. Entity Name
EMPATHY, INC.



Principal Place of Business
425 EAST 10 COURT
HIALEAH, FL 33010 US

Mailing Address
425 EAST 10 COURT
HIALEAH, FL 33010 US

50063907

2. Principal Place of Business
1085 E. 14th St.

3. Mailing Address
1085 E. 14th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162005 Chg-P CR2E034 (10/03)

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
05-0555799

Applied For
Not Applicable

Zip
33010

Country
USA

Zip
33010

Country
USA

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

6. Name and Address of Current Registered Agent

SILVERBERG, DAN
425 EAST 10 COURT
HIALEAH, FL 33010

Allan Glaser
11900 Biscayne Blvd.
Mi, FL 33181
Suite 807

7. Name and Address of New Registered Agent

Name
Allan M. Glaser, P.A.
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd. Suite 807
City
MIami FL Zip Code
33181

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 7, 2005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STEIN, CLIFFORD M
425 EAST 10 COURT
HIALEAH, FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BOWER, PHYLLIS G
425 EAST 10 COURT
HIALEAH, FL 33010 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SILVERBERG, DAN
425 EAST 10 COURT
HIALEAH, FL 33010 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #