


2006 FOR PROFIT CORPORATION ANNUAL REPORT

May
Se

DOCUMENT # P03000065805 1. Entity Name EMPIRE LENDING CORPORATION			
Principal Place of Business 4001 NW 97TH AVE 102 MIAMI, FL 33178		Mailing Address 4001 NW 97TH AVE 102 MIAMI, FL 33178	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
4. FEI Number 20-0001495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, JOSE L 7975 NW 154 STREET SUITE 320 MIAMI LAKES, FL 33016			
<h2>DO NOT WRITE IN THIS SPACE</h2>			
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 <u><i>[Signature]</i></u> <small>Signature: typed or printed name of registered agent and title if applicable</small>		DATE <u>7/29/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
U000000545193 05/11/06-80067-015 150.00		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOMEZ, CHRISTIAN 15817 NW 14TH MANOR PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, OBED 1331 BRICKLE BAY DRIVE MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>7/29/06</u> DAYTIME PHONE # <u>305-310-1700</u>	