


**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90046 016 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000100557</b>	
1. Entity Name EMPIRE BUSINESS ASSOCIATES, INC.	

Principal Place of Business 1191 E. NEWPORT CENTER DRIVE SUITE 204 DEERFIELD BEACH, FL 33442	Mailing Address 1191 E. NEWPORT CENTER DRIVE SUITE 204 DEERFIELD BEACH, FL 33442
---	---

60008311



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 13-4264360	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent  CAPUTO, ROBERTA 1191 E. NEWPORT CENTER DRIVE #204 DEERFIELD BEACH, FL 33442
--

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and R/S if applicable. (NOTE: Registered Agent signature required when re-registering)

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
--	---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUGLIUZZA, NICHOLAS 1191 E. NEWPORT CENTER DRIVE SUITE 204 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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 807, 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 empowerment.

SIGNATURE: Nicholas R. Gugliuzza NICHOLAS R GUGLIUZZA 1/22/06 716-816-9286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #