2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# P04000131684

Entity Name: DOC EMPIRE CORP

Current Principal Place of Business:

5435 LAUREL OAK STREET
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

10227 SLEEPY BROOK WAY
BOCA RATON, FL 33428 US

Current Mailing Address:

5435 LAUREL OAK STREET
DELRAY BEACH, FL 33484 US

New Mailing Address:

P.O. BOX 970286
COCONUT CREEK, FL 33097 US

FEI Number: 68-0593347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVALHO, CLAUDIO A
5435 LAUREL OAK STREET
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

DE ARAUJO, FABIO F
10227 SLEEPY BROOK WAY
BOCA RATON, FL 33428 US

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.

SIGNATURE: FABIO F DE ARAUJO 05/24/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: CARVALHO, CLAUDIO A
Address: 5435 LAUREL OAK STREET
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D ( ) Delete
Name: DE ARAUJO, FABIO F
Address: 5435 LAUREL OAK STREET
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D (X) Delete
Name: DA CRUZ, RODRIGO M
Address: 5435 LAUREL OAK STREET
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: DE ARAUJO, FABIO F
Address: 10227 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP,D (X) Change ( ) Addition
Name: CRESPO, KAREN C
Address: 10227 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIO F DE ARAUJO P,D 05/24/2007
Electronic Signature of Signing Officer or Director Date