


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000137011 1. Entity Name THE EMPIRE MORTGAGE, CORP	
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FILED
Jan 22, 2007 08:00 AM
Secretary of State



01132007 No Chg-P CR2E034 (11/05)

Principal Place of Business 809 SW 8TH STREET, SUITE 206 MIAMI, FL 33130	Mailing Address 809 SW 8TH STREET, SUITE 206 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE

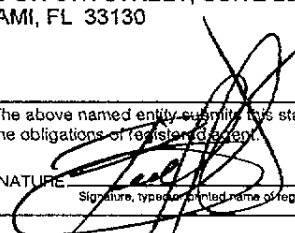
4. FEI Number 20-3604365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, CESAR B 809 SW 8TH STREET, SUITE 206 MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies 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 **1-19-2007**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PEREZ, CESAR B 809 SW 8TH STREET, SUITE 206 MIAMI, FL 33130
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U000000594131
01/22/07-80060-014 150.00

**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 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:  DATE **1-19-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR