

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 023 ***150.00

DOCUMENT # P06000095524

1. Entry Name
EMPIRE REALTY OF FLORIDA, INC.



Principal Place of Business

2081 W. 76TH ST.
HIALEAH, FL 33016

Mailing Address

2081 W. 76TH ST.
HIALEAH, FL 33016

P.O. BOX 22002 HIALEAH FL 33002

40102478



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5236887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, WILMA
2081 W. 76TH ST.
HIALEAH, FL 33016

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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

[Signature]

(If 21. Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
PD
ALVAREZ, WILMA
P. O. BOX 22002
HIALEAH, FL 33002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #