



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90066 001 ***150.00

02-14-2008 90066 002 *****8.75

DOCUMENT # P06000115787 1. Entity Name THE PARTY EMPIRE, INC					
Principal Place of Business 13144 COG HILL WAY ORLANDO FL 32828				Mailing Address 13144 COG HILL WAY ORLANDO FL 32828	
2. Principal Place of Business - No P.O. Box # 10505 Marlin Rd		3. Mailing Address 24154 SW 107 ct			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Homestead, FL		4. FEI Number 20-5509022	
Zip 33157		Country U.S		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33032		Country U.S		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NAYOR, BARBARA 13144 COG HILL WAY ORLANDO FL 32828				7. Name and Address of New Registered Agent Name Nayor, Barbara Street Address (P.O. Box Number is Not Acceptable) 24154 SW 107 ct City Homestead, FL Zip Code 33032	
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 _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME NAYOR, BARBARA	<input type="checkbox"/> Delete		TITLE P NAME Nayor, Barbara	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13144 COG HILL WAY			STREET ADDRESS 24154 SW 107 ct		
CITY-ST-ZIP ORLANDO FL 32828			CITY-ST-ZIP Homestead, FL 33032		
TITLE VP NAME NAYOR, NAIN	<input type="checkbox"/> Delete		TITLE VP NAME Nayor, Nain	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Barbara Nayor			Date 02/06/08 Daytime Phone # (305) 258-7723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					