## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2008 8:00 am Secretary of State

ANNOAL REPORT					Secretary of State			
DOCUMENT # P0700020956  1. Entity Name EMP EMPIRE INCORPORATED						90033 023 ***15		
Principal Place of Business 6600 N. ANDREWS AVE SUITE 250 FORT LAUDERDALE, FL 33309 US		Mailing Address 6600 N. ANDREWS AVE SUITE 250 FORT LAUDERDALE, FL 33309 US		400	40030454			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address  11615 Rak (AKE TERR  Suite Apt. #, etc.		RIZ				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062008	Chg-P	CR2E034 (12/06	)	
City & State	8	Single State	BEACH F	4. FEI Numb	$-$ 0. $\prime$ 1. $\sim$ $\prime$ 1	572	ot Applicable	
Zip	Country	Zip 33437	Parm B		of Status Desired	\$8.75 Ac Fee Requir	dditional	
6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agent		
PELZMAN, ERIC MR. 6600 N. ANDREWS AVE SUITE 250 FORT LAUDERDALE, FL. 33309				Street Address (P.O. Box Number is Not Acceptable)  //6/15  //				
C				orton Be	H-	FL Zip Co	de / 37	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P PELZMAN, ERIC MR. 6600 N. ANDREWS AVE SUITE 2 FORT LAUDERDALE, FL 33309	☐ Delete	NAME SIREET ADDRESS CITY-ST-ZIP	11615 Re Boynton		RChange TERRAC FC 334	٤	
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR SIGNATED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

954-536-3228