

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000029793

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** EMPORIUM MANAGEMENT G. CORP.

**Current Principal Place of Business:**

2259 MALLARD CREEK CRICLE  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

2259 MALLARD CREEK CRICLE  
KISSIMMEE, FL 34743

**New Mailing Address:**

P.O. BOX 422263  
KISSIMMEE, FL 34742

**FEI Number:** 26-4607241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORALES, ENOEL  
2259 MALLARD CREEK CIR  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MORALES, ENOEL  
**Address:** 2259 MALLARD CREEK CIRCLE  
**City-St-Zip:** KISSIMMEE, FL 34743

I hereby 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 all other like empowered.

**SIGNATURE:** ENOEL MORALES

PRES

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date