


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P18598</b> 1. Entity Name <b>EMPHASIS, INC.</b>	
---	---

Principal Place of Business <b>1000 PENNSYLVANIA AVE. BROOKLYN, NY 11207</b>	Mailing Address <b>1000 PENNSYLVANIA AVE. BROOKLYN, NY 11207</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>06-0741488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHEHEBAR, ALBERT
STREET ADDRESS	2015 EAST THIRD STREET
CITY-ST-ZIP	BROOKLYN, NY 11223
TITLE	V
NAME	CHEHEBAR, ISAAC
STREET ADDRESS	510 AVENUE T
CITY-ST-ZIP	BROOKLYN, NY
TITLE	S
NAME	CHEHEBAR, JOSEPH
STREET ADDRESS	84 PHILIPS AVENUE
CITY-ST-ZIP	DEAL, NJ
TITLE	T
NAME	CHEHEBAR, JACK
STREET ADDRESS	433 AVENUE T
CITY-ST-ZIP	BROOKLYN, NY 11223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000589183  
01/18/07-80006-010 300.00

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:** Albert Chehebar **1/8/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #