


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90036 020 ***150.00

DOCUMENT # P33025
 1. Entity Name
 EMPIRE OF AMERICA REALTY CREDIT CORP.



Principal Place of Business Mailing Address
 1926 TENTH AVE N 1926 TENTH AVE N
 SUITE 400 SUITE 400
 LAKE WORTH, FL 33461 US LAKE WORTH, FL 33461 US

44012551



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 13-3608665 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 PARRA, OLGA E
 1926 TENTH AVE N
 SUITE,400
 LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERSTEIN, MICHAEL	
STREET ADDRESS	1926 10 AVE N, STE 400	
CITY - ST - ZIP	LAKE WORTH, FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLGA E PARRA	
STREET ADDRESS	1926 10 AVE N, STE 400	
CITY - ST - ZIP	LAKE WORTH, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, HONORA	
STREET ADDRESS	1926 10 AVE N, STE 400	
CITY - ST - ZIP	LAKE WORTH, FL 33461	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEPHEN J	
STREET ADDRESS	1926 10 AVE N, STE 400	
CITY - ST - ZIP	LAKE WORTH, FL 33461	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SESCO, CAROLYN S	
STREET ADDRESS	1926 10 AVE N, STE 400	
CITY - ST - ZIP	LAKE WORTH, FL 33461	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, WILLIAM C	
STREET ADDRESS	1926 10 AVE N, STE 400	
CITY - ST - ZIP	LAKE WORTH, FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Bernstein Michael Bernstein, President 1/13/2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #