


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2006 8:00 am
Secretary of State**

02-02-2006 90081 009 ***150.00

DOCUMENT # P93000069581	
1. Entity Name PEIKIN EMPIRE, INC.	

Principal Place of Business 9519 HARDING AVE. SURFSIDE, FL 33154	Mailing Address 9519 HARDING AVE. SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0444497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CALDAS, GUILLERMINA -
8540 SW 99 COURT
MIAMI, FL 33173**

**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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CALDAS, GUILLERMINA 9519 HARDING AVE. SURFSIDE, FL 33154
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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:  **2-22-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #