


**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90167 042 \*\*\*150 00

DOCUMENT # P93000076505

1. Entity Name  
EMPIRE HOME MORTGAGE, INC.



Principal Place of Business  
600 S. MIRAMAR AVENUE  
INDIALANTIC, FL 32903  
*400 N. MIRAMAR AVE  
INDIALANTIC FL 32903*

Mailing Address  
1345 N HWY A1A  
~~340~~  
INDIALANTIC, FL 32903  
*400 N. MIRAMAR AVE*

2. Principal Place of Business  
*400 N. MIRAMAR AVE*

3. Mailing Address  
*400 N. MIRAMAR AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*INDIALANTIC FL*

City & State  
*INDIALANTIC FL*

Zip  
*32903*

Country  
*BRUARD*

Zip  
*32903*

Country  
*BRUARD*

4. FET Number  
59-3209400

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AMATO, JANET  
1345 N HWY A1A #310  
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Numbers 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 *Janet Amato* (NOTE: Registered Agent signature required when reinstating) DATE *3/7/06*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DP AMATO, JANET 1345 N HWY A1A #310 INDIALANTIC, FL 32903  
Delete  
Delete  
Delete  
Delete  
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP ROBERT AMATO 891 RICHMOND RD EAST MEADOW, N.Y. 11554  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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: *Janet Amato* JANET Amato DATE *3/7/06* 321-984-3366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #