

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000031069

1. Entity Name
EMPIRE DINER, INC.



Principal Place of Business

6050 BABCOCK ST. SE, UNIT 4
PALM BAY, FL 32907

Mailing Address

6050 BABCOCK ST. SE, UNIT 4
PALM BAY, FL 32907



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3309021

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIPENTIMA, ANGELA
898 ONTARIO ST NW
PALM BAY, FL 32907

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PENTIMA, V
STREET ADDRESS 898 ONTARIO ST NW
CITY - ST - ZIP PALM BAY, FL 32907

TITLE D
NAME DIPENTIMA, ANGELA
STREET ADDRESS 898 ONTARIO ST NW
CITY - ST - ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
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1100000282338
03/31/05-80038-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/2005 723-7060