

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000043785

1. Entity Name
EMPOWERMENT CONCEPTS, INC.



| | |
|---|---|
| Principal Place of Business 9934-50 HIBISCUS STREET MIAMI, FL 33157 | Mailing Address 9934-50 HIBISCUS STREET MIAMI, FL 33157 |
|---|---|

DO NOT WRITE IN THIS SPACE

FILED

07 FEB 26 AM 10:30

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01242007 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0706209 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BERNARD, ANTHONY
9032 SW 152ND STREET
MIAMI, FL 33157**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

200089984432
02/07--01004--019 **150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | DEL ROSARIO, JACQUELINE J |
| STREET ADDRESS | 10800 SW 135TH TERACE |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | |
| NAME | <i>[Signature]</i> |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____