


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90168 015 ***150.00

DOCUMENT # P95000049232 1. Entity Name EMPIRE IMPORTS, INC.					
Principal Place of Business 7850 NW SOUTH RIVER DRIVE MEDLEY, FL 33166 US			Mailing Address 7850 NW SOUTH RIVER DRIVE MEDLEY, FL 33166 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0593470	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARGA, LUIS 7850 NW SOUTH RIVER DR MEDLEY, FL 33166				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARGA, LUIS 7850 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33166 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRAY, MICHAEL 6800 PARAGON PLACE STE 500 RICHMOND, VA 23230 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FISHBEIN, ROBERT 6800 PARAGON PLACE STE 500 RICHMOND, VA 23230 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DUET, NATHAN 6800 PARAGON PLACE STE 500 RICHMOND, VA 23230 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILNER, JOSEPH T 7850 NW SOUTH RIVER DRIVE MEDLEY, FL 33166 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, ROBERT 7850 NW SOUTH RIVER DRIVE MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/05 Daytime Phone # _____		

50047536



01142005 Chg-P CR2E034 (10/03)

ATTACHMENT 50047536
P95000049232

EMPIRE IMPORTS, INC.
65-0593470

ATTACHMENT TO 2005 ANNUAL REPORT

ADDITIONS TO OFFICERS/DIRECTORS

1. TITLE: C
NAME: STEVE SPINNER
STREET ADDRESS: 12500 WEST CREEK PKWY
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
2. TITLE: S
NAME: NATHAN DUET
STREET ADDRESS: 12500 WEST CREEK PKWY
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
3. TITLE: OFC
NAME: HENRY TORRES
STREET ADDRESS: 2701 SW 3RD AVE
CITY-ST-ZIP: MIAMI, FL 33129
4. TITLE: VP
NAME: GRAYLON MACFALL
STREET ADDRESS: 12500 WEST CREEK PKWY
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
5. TITLE: P
NAME: LUIS PARGA
STREET ADDRESS: 7850 NW SOUTH RIVER DRIVE
CITY-ST-ZIP: MEDLEY, FL 33166
6. TITLE: OFC
NAME: ROBERT C. SLEDD
STREET ADDRESS: 12500 WEST CREEK PKWY
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
7. TITLE: OFC
NAME: JOE PATERAK
STREET ADDRESS: 12500 WEST CREEK PKWY
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
8. TITLE: VP
NAME: JEFF FENDER
STREET ADDRESS: 12500 WEST CREEK PKWY
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238