

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 047 ***150.00

DOCUMENT # P96000018620

1. Entity Name
EMPIRE VENTILATION SYSTEMS INC.



Principal Place of Business
**1001 E SAMPLE RD
STE 4W
POMPANO BEACH, FL 33064 US**

Mailing Address
**PO BOX 811028
BOCA RATON, FL 33481-1028 US**



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0653644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDBERG, GENE
1001 E SAMPLE RD
POMPANO BEACH, FL 33064**

**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	GOLDBERG, GENE
STREET ADDRESS	1001 E SAMPLE RD STE 4W
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	GOLDBERG, SARAH
STREET ADDRESS	1001 E SAMPLE RD STE 4W
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 807, 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:

GENE GOLDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 954-782-6899

Date

Daytime Phone #

ATTACHMENT

40051054

P96000018620

Empire Ventilation Systems, Inc.

ATTACHMENT

P.O. Box 811028
Boca Raton, Florida 33481-1028

Ph. 800-859-0813

Fax 800-503-7982

March 31, 2005

PLEASE DELETE THE FOLLOWING DIRECTOR -

~~SARAH GOLDBERG~~
~~1001 E. SAMPLE ROAD - SUITE 4W~~
~~POMPANO BEACH, FLORIDA 33064~~

THANK YOU
GENE GOLDBERG