


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000018620 1. Entity Name EMPIRE VENTILATION SYSTEMS INC. |  |
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|---|--|
| Principal Place of Business 21346 ST. ANDREWS BLVD #145 BOCA RATON, FL 33433 US | Mailing Address PO BOX 811028 BOCA RATON, FL 33481-1028 US |
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03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0653644 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**GOLDBERG, GENE
6803 N GRANDE DR
BOCA RATON, FL 33433**

**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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | 6803 N GRANDE DR |
| CITY-ST-ZIP | BOCA RATON, FL 33433 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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04/14/08-80020-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an officer or receiver empowered.

SIGNATURE: Gene Goldberger 3/31/08 561-488-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #