## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P98000021197  1. Entity Name EMPACOL INC.		(		04-04-2005 90057 031 ***150.00			00	
Principal Place of Business	Mailing Address		***************************************					
'	7010 NW 51 ST			·				
7010 NW 51 ST Miami, FL 33166 US		us .						
Mirati, 12 33100 03	1411/2311, 12 00100	00						
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Principal Place of Business     3. Mailing Add								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03172005	Chg-P	CR2E034 (1	0/03)		
City & State	City & State	City & State		4. FEI Number			IApp	olied For
Only & State	- Only o State		65-0833	856		-	Applicable	
Zip Country	Country Zip Cour		У	E Cortificate o	f Status Desired	□ \$8.7	<b>75</b> Addil	lional
				5. Certificate o	Status Desired	Fee F	Required	
6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Re	egistered Agent	t	
10,155,0,1110	••	- 1	Name	· -			- ''	
AGUDELO, LUIS			Street Address (P.O. Box Number is Not Acceptable)					
7010 NW 51 ST MIAMI, FL 33166			,			<u></u>		
WIAWI, FE 33100								
		r	City			FL Z	ip Code	
<ol><li>The above named entity submits this statement fithe obligations of registered agent.</li></ol>	or the purpose of changing its	s registered	d office or register	ed agent, or both	, in the State of Flo	rida. Fam tamili	ar with, a	ind accept
SIGNATURE Signature, typed or printed name of registered agen	I and title if applicable (NO)	TE: Registered a	Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con		+-	00 May Be ed to Fees		THE PARTY OF THE P		3.1 41146-001
10. OFFICERS AND								
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indicated on this report or supplemental report is trule 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 empowed to regular this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agrees, with all other the empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

03-29-05

305 - 594 - 477 1 Daysitrie Phone #