

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069820

FILED
Apr 14, 2005
Secretary of State

Entity Name: EMPIRE MORTGAGE CONSULTANT, INC.

Current Principal Place of Business:

1000 BRICKELL AVENUE
SUITE 930
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1000 BRICKELL AVENUE
SUITE 930
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0938992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESROSIERS, MAXANDRA
1000 BRICKELL AVENUE STE 930
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: PENICHET, IVETTE C
Address: 1825 PONCE DE LEON BLVD. #448
City-St-Zip: CORAL GABLES, FL 33135

Title: P () Delete
Name: DESROSIERS, MAXANDRA
Address: 1000 BRICKELL AVENUE, #930
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXANDRA DESROSIERS

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04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date