

Apr 27, 2005 5:23PM JAMES ACCOUNTING

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 023 ***150.00

DOCUMENT # P99000097996 1. Entity Name EMPIRE 2000, CORP.	
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Principal Place of Business 13687 SW 26 ST 2ND FLOOR MIAMI, FL 33175	Mailing Address 13687 SW 26 ST 2ND FLOOR MIAMI, FL 33175
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50052178



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960491	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, CARLOS F 13687 SW 26 ST MIAMI, FL 33175
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**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. (If DTS, Registered Agent signature required when registering.) DATE _____

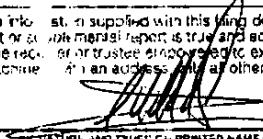
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD GUTIERREZ, CARLOS F 13687 SW 26 ST., 2ND FL. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD GUTIERREZ, GLADYS 13687 SW 26 ST., 2ND FL. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CLAUDIO, JOSE A 13687 SW 26 ST 2ND FL. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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)(c), 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 registered agent 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 of this report.

SIGNATURE:  **4/30/05** **305-5541411**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone