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.

Principal Place of Business	Mailing Address
13687 SW 26 ST 2ND FLOOR MIAMI, FL 33175	13687 SW 26 ST 2ND FLOOR MIAMI, FL 33175

50052178

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960491
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, CARLOS F
13687 SW 26 ST
MIAMI, FL 33175

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SD
NAME	GUTIERREZ, CARLOS F
STREET ADDRESS	13687 SW 26 ST., 2ND FL.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD
NAME	GUTIERREZ, GLADYS
STREET ADDRESS	13687 SW 26 ST., 2ND FL.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	PD
NAME	CLAUNO, JOSE A
STREET ADDRESS	13687 SW 26 ST 2ND FL.
CITY-ST-ZIP	MIAMI, FL 33175
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 607, 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: _____ 4/30/05 305-554-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #