

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90055 039 ***150.00

DOCUMENT # P99000110557

1. Entity Name
EMPIRE PROPERTIES 3433, INC.



Principal Place of Business
1853 WEST AVENUE
MIAMI BEACH, FL 33139

Mailing Address
1853 WEST AVENUE
MIAMI BEACH, FL 33139

94015362



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0978887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELBAZ, JOSEPH
1853 WEST AVENUE
MIAMI BEACH, FL 33139

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	ELBAZ, ALBERT
STREET ADDRESS	1853 WEST AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	ELBAZ, JOSEPH
STREET ADDRESS	1853 WEST AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	ELBAZ, NEIL
STREET ADDRESS	1853 WEST AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Elbaz **Joseph ELBAZ** 2-904-365-531-9563