2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S97741

1. Entity Name

EMPIRE EXPRESS DELIVERY SERVICE INC.

Principal Place of Business	Mailing Address
1202 SW PORTER ROAD PORT ST. LUCIE FL 34953	1202 SW PORTER ROAD PORT ST. LUCIE FL 34953

2. Principal Place of Business	3. Mailing Address
N/A	
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State N/A	City & State
Zip N/A Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0296852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, CARLOS N.
1202 SW PORTER ROAD
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GONZALEZ, CARLOS N.	
STREET ADDRESS	1202 SW PORTER ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	VP	☐ Delete
NAME	GONZALEZ, ELBA M.	
STREET ADDRESS	1202 SW PORTER ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	000000516528 05/01/06-80008-005 150.00	☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Elba M. Gonzalez - Elba Gonzalez 4/15/06 772-336-7