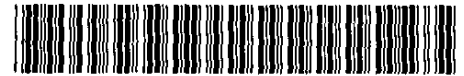


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 23, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

DOCUMENT # S97741 1. Entity Name EMPIRE EXPRESS DELIVERY SERVICE INC.					
Principal Place of Business 1202 SW PORTER ROAD PORT ST. LUCIE FL 34953			Mailing Address 1202 SW PORTER ROAD PORT ST. LUCIE FL 34953		
2. Principal Place of Business - No P.O. Box # <div style="text-align: center;">N/A</div>		3. Mailing Address <div style="text-align: center;">N/A</div>			
Suite, Apt. #, etc. <div style="text-align: center;">N/A</div>		Suite, Apt. #, etc. <div style="text-align: center;">N/A</div>			
City & State <div style="text-align: center;">N/A</div>		City & State <div style="text-align: center;">N/A</div>		4. FEI Number 65-0296852 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <div style="text-align: center;">N/A</div>	Country <div style="text-align: center;">N/A</div>	Zip <div style="text-align: center;">N/A</div>	Country <div style="text-align: center;">N/A</div>	5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signed, typed or printed name of registered agent and filer (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GONZALEZ, CARLOS N. 1202 SW PORTER ROAD PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition U000000721258 05/01/07-80138-019 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GONZALEZ, ELBA M. 1202 SW PORTER ROAD PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
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: <i>Elba M. Gonzalez - Elba Gonzalez</i> 4/19/07 (772-336-7346) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					