

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000043785

**Entity Name:** EMPOWERMENT CONCEPTS, INC.

**Current Principal Place of Business:**

9780 E. INDIGO STREET  
SUITE 301-302  
MIAMI, FL 33157

**Current Mailing Address:**

9780 E. INDIGO STREET  
SUITE 301-302  
MIAMI, FL 33157 US

**FEI Number:** 65-0706209

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DEL ROSARIO, JACQUELINE  
10800 SW 135TH TER  
MIAMI, FL 33176 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name DEL ROSARIO, JACQUELINE JDR.  
Address 10800 SW 135TH TERRACE  
City-State-Zip: MIAMI FL 33176

Title VP  
Name DEL ROSARIO, AARON MR.  
Address 10800 SW 135 TERRACE  
City-State-Zip: MIAMI FL 33176

Title SEC.  
Name DEL ROSARIO, ALEXANDER MR.  
Address 10800 SW 135 TERRACE  
City-State-Zip: MIAMI FL 33176

Title C  
Name TRIMM, DR. CINDY  
Address 242 MEDICAL BLVD  
City-State-Zip: STOCKBRIDGE GA 30281

Title BM  
Name JONES, JUDITH MAE  
Address 14025 SW 154TH STREET  
City-State-Zip: MIAMI FL 33177

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACQUELINE DEL ROSARIO

CEO

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date