


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K66175
 1. Entity Name
IMPERIAL COFFEE SERVICE, CORP.



Principal Place of Business Mailing Address
236 SW 12TH AVE **236 SW 12TH AVE**
DEERFIELD BEACH, FL 33442 US **DEERFIELD BEACH, FL 33442 US**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0101371 Not Applicable

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

6. Name and Address of Current Registered Agent
KESSELMAN, BONNIE
236 SW 12TH AVE
DEERFIELD BEACH, FL 33442

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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 re-electing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

7. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KESSELMAN, BONNIE
STREET ADDRESS	22802 MERIDIANA DR.
CITY-ST-ZIP	BOCA RATON, FL 33439
TITLE	V
NAME	KESSELMAN, IRWIN
STREET ADDRESS	22802 MERIDIANA DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	KESSELMAN, MICHAEL
STREET ADDRESS	22148 PALMS WAY #203
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/24/06-80022-018-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Bonnie Kesselman 4.3.06 954-429-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bonnie KESSELMAN