


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90034 015 \*\*\*150.00

DOCUMENT # P94000016793			
1. Entity Name IMPERIAL BUSINESS PARK, INC.			
Principal Place of Business 999 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES, FL 33134 US		Mailing Address 999 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARLOS, PETER 999 PONCE DE LEON BLVD STE 1000 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VDCM <input type="checkbox"/> Delete	TITLE	<b>PDST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS, PETER	NAME	Carlos, Peter
STREET ADDRESS	999 PONCE DE LEON BLVD STE 1000	STREET ADDRESS	999 Ponce de Leon Blvd, Ste 1000
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	Coral Gables FL 33134
TITLE	<input type="checkbox"/> Delete	TITLE	Assistant Secretary/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Thomas P. Carlos
STREET ADDRESS		STREET ADDRESS	999 Ponce de Leon Blvd, Ste 1000
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date: 4/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-444-1500	