

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
236 SW 12TH AVE
DEERFIELD BEACH, FL 33442 US

Mailing Address
236 SW 12TH AVE
DEERFIELD BEACH, FL 33442 US

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0101371 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$5.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KESSELMAN, BONNIE
236 SW 12TH AVE
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KESSELMAN, BONNIE
STREET ADDRESS	22602 MERIDIANA DR.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	KESSELMAN, IRWIN
STREET ADDRESS	22602 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	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.06

954-429-3900

Date

Daytime Phone #

Bonnie Kesselman