

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90039 012 ***150.00

DOCUMENT # 196530

1. Entity Name
IMPERIAL ASSETS, INC.



Principal Place of Business
**8600 N W SOUTH RIVER DR
MIAMI, FL 33166**

Mailing Address
**8600 N W SOUTH RIVER DR
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0785866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEAVY, PETER H
200 S BISCAYNE BLVD, STE 1800
MIAMI, FL 33130**

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEENEY, ROBERT E 8600 NW S RIVER DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKS, PAUL F 8600 NW S RIVER DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWEENEY JR., ROBERT E V.P. 8600 NW SOUTH RIVER DRIVE MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Robert E Sweeney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/4/08*

Daytime Phone # _____