

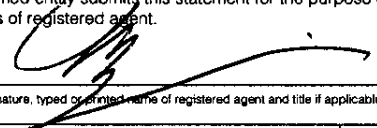
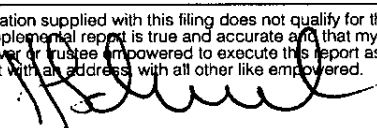


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 012 ****70.00

DOCUMENT # 725763 1. Entity Name IMPERIAL HOUSE CONDOMINIUM, INC.					
Principal Place of Business 5255 COLLINS AVE. MIAMI BEACH, FL 33140				Mailing Address 5255 COLLINS AVE. MIAMI BEACH, FL 33140	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01262004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1552004				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GANGUZZA, JOSEPH H ESQ 150 WEST FLAGLER ST. #2701 MIAMI, FL 33130	
7. Name and Address of New Registered Agent Name Lawrence J. Shapiro, Esq. Street Address (P.O. Box Number is Not Acceptable) 825 Brickell Bay Drive Suite 1751 City Miami FL Zip Code 33131				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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/26/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURTON, SARA 5255 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIMMEL, HOWARD 5255 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCLZSTEIN, COOKIE 5255 COLLINS AVE. MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, ANN 5255 COLLINS AVE. MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCH, TROY 5255 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLITSTEIN, ISIDORE 5255 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Michael Haber 5255 Collins Avenue Miami Beach, Florida 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Deborah Kaufman 5255 Collins Avenue Miami Beach, Florida 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/26/04 Daytime Phone # 305 866 7601					