2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 725763 1. Entity Name IMPERIAL HOUSE CONDOMINIUM, INC.									02-02-200	_	3 012 ****	70.00
Principal Place of Business 5255 COLLINS AVE. MIAMI BEACH, FL 33140			5255	Mailing Address 5255 COLLINS AVE. MIAMI BEACH, FL 33140			,		I KERI BUK IRBIR BURT I	KA BIRII BIRII I	RIBIN BIBIN BIBIN B	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01262004	Chg-NP	CR2E	037 (10/03)	
City & State			City & State					4. FEI Numbe 59-155	2004			polied For lot Applicable
Zip	Zip Country		Zip	Zip		Country		5. Certificate	of Status Desired	Ж	\$8.75 A	iditional
6 Name and Address of Current Ru			Registere	eoistered Agent			7. Name and Address of New Registered Agent				ed	
6. Name and Address of Current Registered Agent						Name						
GANGUZZA, JOSEPH H ESQ 150 WEST FLAGLER ST. #2701									<u>hapiro,</u> er is Not Acceptabl Bay Driv	Esq. 'e) 'e		
MIAMI, FL	33130	•					te 1					
					City						1 ⁸ 31	
8. The above named entity submits this statement for the purpose of changing its regi								ed agent, or bo	th, in the State of F	lorida. 1 ar	m familiar with	, and accept
the obligations of registered agent.												
SIGNATURE // / / / / / / / / / / / / / / / / /										,		
SIGNATURE .		7		حـــ					<u> </u>	6/04		
SIGNATURE .	Signature, typed o	oyenned name of registered agent	and title if app	licable. (NOTE	Registere	ed Agent signat	ure required	when reinstating)	, p	6/0 4 DATE	:	<u> </u>
SIGNATURE .	Filing Fee	e is \$61.25 ay 1, 2004	and title if app	9. Election Cam Trust Fund C	paign F	inancing	ure required	when reinstating) \$5.00 May E Added to Fees	, <u></u> .	/ Make che	ck payable artment of \$	
SIGNATURE .	Filing Fee	e is \$61.25		9. Election Carr	paign F	inancing tion.		\$5.00 May E Added to Fees	, <u></u> .	/ Make che rida Dep	ck payable artment of \$	State
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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 rustee impowered to execute this leport 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

BLITSTEIN, ISIDORE

5255 COLLINS AVE.

MIAMI BEACH, FL 33140

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Summi Los Growe

305866 7601 Daytime Phone #