
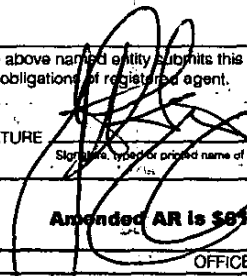


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

04 JUN 28 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 725763</b>			
1. Entity Name <b>IMPERIAL HOUSE CONDOMINIUM, INC.</b>			
Principal Place of Business <b>5255 COLLINS AVE MIAMI BEACH FL 33140</b>		Mailing Address <b>5255 COLLINS AVE MIAMI BEACH FL 33140</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
56212004		Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-1552004</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAPIRO, LAWRENCE J 825 BRICKELL BAY DR. STE. 1751 MIAMI, FL 33131		Name <b>JOSEPH GANGUZZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 W. FLAGLER ST. # 27 floor</b> City <b>MIAMI</b> FL Zip Code <b>33130</b>	
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 		DATE <b>6/21/04</b>	
Amended AR is \$81.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VD</b>	<b>BURTON, SARA</b> <input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<b>KENNETH LEES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>5255 COLLINS AVE.</b>	STREET ADDRESS	<b>5255 COLLINS AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE <b>PD</b>	<b>SCHIMMEL, HOWARD</b> <input checked="" type="checkbox"/> Delete	TITLE <b>VD</b>	<b>MIRIAM ALONSO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>5255 COLLINS AVE.</b>	STREET ADDRESS	<b>5255 COLLINS AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	<b>MIAMI BEACH 33140</b>
TITLE <b>SD</b>	<b>HABER, MICHAEL</b> <input checked="" type="checkbox"/> Delete	TITLE <b>TD</b>	<b>ANDREW TABONE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>5255 COLLINS AVE.</b>	STREET ADDRESS	<b>5255 COLLINS AVE.</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE <b>TD</b>	<b>KAUFMAN, DEBORAH</b> <input checked="" type="checkbox"/> Delete	TITLE <b>SD</b>	<b>SARA BURTON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>5255 COLLINS AVE.</b>	STREET ADDRESS	<b>5255 COLLINS AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE <b>D</b>	<b>ARCH, TROY</b> <input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<b>MANN MARSHALL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>5255 COLLINS AVE.</b>	STREET ADDRESS	<b>5255 COLLINS AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE <b>D</b>	<b>BLITSTEIN, ISIDORE</b> <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS	<b>5255 COLLINS AVE.</b>	STREET ADDRESS	<b>800039692948</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	<b>07/29/04--01041--011--**61.25</b>
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: <b>Ann W. Marshall</b>		Date <b>6/21/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>305-861-1901</b>	

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

PAGE 2  
7 Directors

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1552004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHARIRO, LAWRENCE J 825 BRICKELL BAY DR. STE. 175 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name: Joseph Gangusza Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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 \_\_\_\_\_

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		JAMES EZRINE 5255 COLLINS AVE MIAMI BEACH FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Ann W. Marshall Date: 6/2/04 305-861-1901