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PICK-UP WAIT MAIL			
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Imperial Caviar Corp.	
(Name of corpo	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Katherine Gocsma	ın
(Nam	ne of Person)
Imperial Caviar Cor	p
(Firm	/Company)
220 Miracle Mile S	• ••
(/	Address) $\mathcal{E} \sim \mathbf{r}$
Coral Gables, Fl 3	3134 💆 🗒 📆
(City/St	ate and Zip code)
	# 5 6
For further information concerning this matter, plea	se call:
Katherine Gocsman at (786	6 <u>,</u> 2877117
at (rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{\$78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Imperial Caviar Corp.			
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
2.	Nevada 3 54-2195619			
	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4	March 8, 2006 _{5.} March 8, 2007			
т,	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
6.	no transactions			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7.	220 Miracle Mile, suite 218 Coral Gables, Fl 33134			
′ • <u>-</u>	(Principal office address)			
	220 Miracle Mile suite 218 Coral Gables, <u>F</u> l 33134			
•	(Current mailing address)			
8.	open up bank account , and operations			
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)			
9.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			
	Name: Katherine Gocsman			
Of	fice Address: 220 Miracle Mile , suite 218			
	Coral Gables, , Florida 33134			
	(City) (Zip code)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Raul Parra-Serva	 -
Address: 220 Miracle Mile , suite 218	-
Coral Gables, Fl 33134	
Vice Chairman:	
Address:	
Director: Katherine Gocsman	
Address: 220 Miracle Mile , suite 218	
Coral Gables, Fl 33134	
Director:	
Address:	
B. OFFICERS	-
President: Raul Parra-Serva	O6/ SEG:
Address: 220 Miracle Mile , suite 218	AS.
Coral Gables, Fl 33134	
Vice President: Katherine Gocsman	
Address: 220 Miracle Mile , suite 218	3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Coral Gables, Fl 33134	
Secretary: Dawn Myers- Huebner	
Address: 8920 s.w. 110 st Miami, FI 33176	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
13 Jellin Jens-	
(Signature of Director of Officer listed in number 12 of the application)	
14. Katherine Gocsman	
(Typed or printed name and capacity of person signing application)	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IMPERIAL CAVIAR CORP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 2, 2006, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 10, 2006.

DEAN HELLER Secretary of State

By Rebecca Herris

Certification Clerk