

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90145 016 \*\*\*150.00

|                                                                                           |         |                                                                               |         |
|-------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # K66175</b>                                                                  |         |                                                                               |         |
| 1. Entity Name<br><b>IMPERIAL COFFEE SERVICE, CORP.</b>                                   |         |                                                                               |         |
| Principal Place of Business<br><b>236 SW 12TH AVE<br/>DEERFIELD BEACH FL 33442<br/>US</b> |         | Mailing Address<br><b>236 SW 12TH AVE<br/>DEERFIELD BEACH FL 33442<br/>US</b> |         |
| 2. Principal Place of Business                                                            |         | 3. Mailing Address                                                            |         |
| Suite, Apt. #, etc.                                                                       |         | Suite, Apt. #, etc.                                                           |         |
| City & State                                                                              |         | City & State                                                                  |         |
| Zip                                                                                       | Country | Zip                                                                           | Country |



1st MOORE CR2E034 (10/04)

|                                                                                                                                                                                                                               |  |  |  |                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>KESSELMAN, BONNIE<br/>236 SW 12TH AVE<br/>DEERFIELD BEACH FL 33442</b>                                                                                                  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
| 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 _____                                                                                                                                       |  |  |  |                                                                                                                                         |  |

|                                                                                                                                                 |                                                                                                                        |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>KESSELMAN, BONNIE</b><br><b>22602 MERIDIANA DR.</b><br><b>BOCA RATON FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P</b><br><b>Bonnie Kesselman</b><br><b>22602 Meridiana Dr.</b><br><b>BOCA RATON, FL 33433</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>✓</b><br><b>Irwin Kesselman</b><br><b>22602 Meridiana Dr.</b><br><b>BOCA RATON, FL 33433</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>✓</b><br><b>MICHAEL KESSELMAN</b><br><b>22148 Palms Way #203</b><br><b>BOCA RATON, FL 33433</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                    |

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 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:** Bonnie Kesselman **4.6.05** **954-429-3900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #