## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N03000010245 1. Entity Name IMPERIAL DRAGON FILMS, INC.

**FILED** Mar 13, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

1101 98TH ST

1101 98TH ST

#5

DO NOT WRITE IN THIS SPACE

BAY HARBOR ISLANDS, FL 33154

BAY HARBOR ISLANDS, FL 33154



03052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number		Applied For
20-0428160		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

BEJAR, JOYCELYN TO:BEJAR, JOCELYN 1101 98TH ST #5 BAY HARBOR ISLANDS, FL 33154

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acco	apt
SIGNATURE.	Signature, typed or printed name of registered agent and title	# anyllashia /NOTE, Davidsova	I Americal management	required when reinstating)	DATE	
- C 0	Olymans, typed of printed frame of raginated agent and time	The approaches (NOTE: Registered	Agent eighature	required when reinstating)	DATE	
Time	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000856843 03/28/08-80027-017 61.25	
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEJAR, JOYCELYN 1101 98TH STREET #5 BAY HARBOR ISLANDS, FL 33154					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TACHMES, ALEXANDER I 2 S. BISCAYNE BLVD. SUIT4 2630 MIAMI, FL 33131			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAFMAN, LINDA 8943 CARLY AVE SURFSIDE, FL 33154			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12.   hereby c	certify that the information supplied with this t	filing does not qualify for the exe	mptions cor	ntained in Chapter 11	9, Florida Statutes. I further certify that the Information	n

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:**