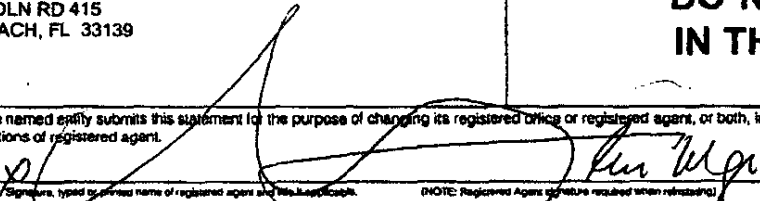
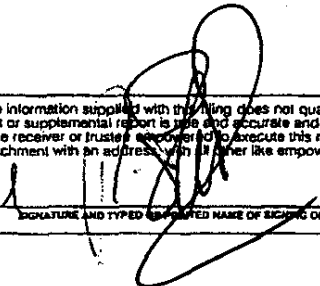


FILED
Aug 25, 2008 8:00 am
Secretary of State

07-22-2008 90006 041 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000026081		
1. Entity Name PASCAL IMBERT ENTERPRISES, INC.		
Principal Place of Business 350 LINCOLN RD. MIAMI BEACH, FL 33139		Mailing Address C/O W.E.C. 22 W. 21TH ST., 9TH FLOOR NEW YORK, NY 10010
DO NOT WRITE IN THIS SPACE		
		66016050 
		07092008 No Chg-P CR2E034 (11/05)
4. FEI Number 13-3547769		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent IMBERT, PASCAL H 350 LINCOLN RD 415 MIAMI BEACH, FL 33139		
DO NOT WRITE IN THIS SPACE		
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 reappointing.) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	IMPERT, PASCAL	
STREET ADDRESS	350 LINCOLN RD., #415	
CITY- ST- ZIP	MIAMI BCH, FL 33139	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; and that I am authorized 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 a power like empowered.		
SIGNATURE:  _____ SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		