

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000094613**

1. Entity Name  
**IMPEL APPLIANCE GALLERY, INC.**



Principal Place of Business  
**5461 NW 72ND AVENUE  
 MIAMI, FL 33166**

Mailing Address  
**5461 NW 72ND AVENUE  
 MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1046662**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARULANDA, HECTOR  
 5461 NW 72ND AVENUE  
 MIAMI, FL 33166**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000941260  
 05/28/08-80100-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MARULANDA, HECTOR 5461 NW 72ND AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BLANCO, JOSE R 5461 NW 72ND AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MARULANDA, MARIA L 5461 NW 72ND AVENUE MIAMI, FL 33166
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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 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: *Hector Marulanda* **HECTOR MARULANDA** Date: 4/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **305 887 2276**