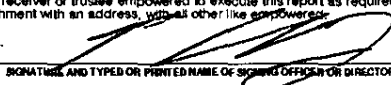


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 20 AM 8:00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000084227			
1. Entity Name IMPERIAL TRADING CORP.			
Principal Place of Business 1121 SOUTH MILITARY TRAIL SUITE #275 DEERFIELD BEACH, FL 33442		Mailing Address 1121 SOUTH MILITARY TRAIL SUITE #275 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 99 SE Mizner Blvd Boca Raton FL #411		Suite, Apt. #, etc. 99 SE Mizner Blvd Boca Raton FL #411	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33432		Zip 33432	
Country US		Country US	
4. FEI Number 020636157		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name MANN & WOLF, LLP	
		Street Address (P.O. Box Number is Not Acceptable) 4300 N. University Drive	
		Suite Suite C-203	
		City Sunrise	
		FL Zip Code 33357	
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. MANN & WOLF, LLP SIGNATURE Andrew L. Mann, Esq. DATE 7/16/03 (NOTE: Registered Agent signature required when submitting)			
FILE NOW WITH FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHIRINSKY, ERIC L 1121 SOUTH MILITARY TRAIL #275 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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, web site or other like information.			
SIGNATURE: 		8-17-03 954-725-1901 Ext 23	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2634 (10/02)