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	Mailing Address
1121 SOUTH MILITARY TRAIL SUITE #275 DEERFIELD BEACH, FL 33442	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 #411	99 SE Mizner blvd #411
City & State: Boca Raton FL	Suite, Apt. #, etc.: Boca Raton FL
Zip: 33432 Country: US	Zip: 33432 Country: US

☒ CHECK HERE IF MAKING CHANGES MRD

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: MANN + WOLF, LLP
Street Address (P.O. Box Number is Not Acceptable): 4300 N. University Drive
Suite C-203
City: Sunrise FL Zip Code: 33351

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 [signature] Andrew L. Mann, Esq. 7/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 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

TITLE	PSTD	☐ Delete
NAME	CHIRINSKY, ERIC L	
STREET ADDRESS	1121 SOUTH MILITARY TRAIL #275	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

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CR2E034 (10/02)

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: [signature] 8-17-03 954-725-1901 Ext 23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #