

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 007 ***150.00

40005670

DOCUMENT # P02000119982 1. Entity Name EL IMPERIO CORPORATION																																															
Principal Place of Business 1050 N STATE ROAD 7 HOLLYWOOD, FL 33021			Mailing Address 1758 WEST FLAGLER STREET MIAMI, FL 33135																																												
2. Principal Place of Business 334 Ponciana Island Dr.		3. Mailing Address 334 Ponciana Island Dr.																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01162006 Chg-P CR2E034 (11/05)																																											
City & State Sunny Isles, FL		City & State Sunny Isles		4. FEI Number 81-0580901																																											
Zip 33160		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent ABRAMSON, EDWARD J 7270 N.W. 12TH STREET, SUITE 580 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Romirez Fernando Street Address (P.O. Box Number is Not Acceptable) 334 Ponciana Island Dr. City Sunny Isles, FL Zip Code 33160																																												
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 reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> P RAMIAEZ, FERNANDO 1758 WEST FLAGLER STREET MIAMI, FL 33135 </td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> 334 Ponciana Island Dr. Sunny Isles, FL 33160 </td> <td style="width: 10%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> VP VALENCIA, DORIS 1758 WEST FLAGLER STREET MIAMI, FL 33135 </td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> 334 Ponciana Island Dr. Sunny Isles, FL 33160 </td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> S TOVAR, GUSTAVO 1758 WEST FLAGLER STREET MIAMI, FL 33135 </td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIAEZ, FERNANDO 1758 WEST FLAGLER STREET MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	334 Ponciana Island Dr. Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENCIA, DORIS 1758 WEST FLAGLER STREET MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	334 Ponciana Island Dr. Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOVAR, GUSTAVO 1758 WEST FLAGLER STREET MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															