


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000023739	
1. Entity Name IMPIRE, CORP.	

Principal Place of Business 2559 ALCLOBE CIR. OCOE, FL 34761	Mailing Address 2559 ALCLOBE CIR. OCOE, FL 34761
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01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0696908	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IBARRA, RIGOBERTO
2559 ALCLOBE CIR.
OCOE, FL 34761

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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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBARRA, RIGOBERTO 2539 ALCLOBE CIR. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IBARRA, FRANCISCO 1872 TORREY DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IBARRA, ARMANDO 2559 ALCLOBE CIR. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 an other like empowered.

SIGNATURE: Francisco Ibarra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

Daytime Phone #