


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000052283 1. Entity Name STERLAND IMPERIAL, INC.	
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Principal Place of Business 6767 N WICKMAN RD STE 400 MELBOURNE, FL 32940	Mailing Address C/O IMPERIAL STERLING, LTD. 287 BOWMAN AVENUE, 2ND FLOOR PURCHASE, NY 10577-2568
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04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0898318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, JERROLD G 287 BOWMAN AVE 2ND FLOOR PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHLOSSBERG, MORTON 287 BOWMAN AVE 2ND FLOOR PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JARDINE, JEFFREY P 287 BOWMAN AVE 2ND FLOOR PURCHASE, NY 10577
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/08-80086-002 150.00

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 changed, or on an attachment with an address with all other like empowered.