## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000076340

1. Entity Name

IMPÉRIAL OG A/C AND REFRIGERATION SUPPLY COMPANY



Principal Place of Business

3960 WEST 16 AVE

# 207 HIALEAH, FL 33012 Mailing Address

3960 WEST 16 AVE

# 207

HIALEAH, FL 33012

FILED Jan 22, 2008 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2459105

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASILIO, JOSE D 1414 NW 107 AVENUE 206 MIAMI, EL 33172

## DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			<del></del>		
TITLE	P.		1			
NAME -	SANTOS, ARNEL					
STREET ADDRESS	5941 SW 148 AVENUE					
CITY-ST-ZIP	MIAMI, FL 33193				·	
TITLE						
NAME					U00000790186 01/23/08-80025-007 150.00	
STREET ADDRESS CITY-ST-ZIP					U1/23/U8-88U25-UU7 150.DU	
TITLE NAME					†	
STREET ADDRESS						
CITY-ST-ZIP			Į.	DO	NOT WRITE	
TITLE				18.1 T	1110 00405	
NAME				IN I	HIS SPACE	
STREET ADDRESS					ļ	
CITY-ST-ZIP					j	
TITLE						
NAME						
STREET ADDRESS					İ	
CITY-ST-ZIP						

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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/08

306 668 1720

Daytime Phone #