2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/24/2005-90025-004-$150.00-$150.00

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DOCUMENT # P04000142788

1. Entity Name
IMPERIAL INTERNATIONAL TRADERS, INC.

Principal Place of Business	Mailing Address
7161 HAVILAND CIRCLE BOYNTON BEACH, FL 33437	7161 HAVILAND CIRCLE BOYNTON BEACH, FL 33437

03122005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1770438 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, LEONARD
7161 HAVILAND CIRCLE
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, LEONARD 7161 HAVILAND CIRCLE BOYNTON BEACH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Leonard Cohen 3-21-05 561-738-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #