

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

05-08-2006 90300 017 ***150.00

DOCUMENT # P05000120583	
1. Entity Name IMOVEST CORPORATION	

Principal Place of Business 7878 SEVILLE PLACE SUITE 2502 BOCA RATON, FL 33433	Mailing Address 7878 SEVILLE PLACE SUITE 2502 BOCA RATON, FL 33433
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66022053



04042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3392562	Applied For (Not Applicable)
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GERSTEIN & GERSTEIN ATTORNEYS, P.A. 700 S FEDERAL HWY SUITE 200 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name GREGORY LU Street Address (P.O. Box Number is Not Acceptable) 7878 SEVILLE PL #2502 City BOCA RATON FL Zip 33433	
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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 GREGORY LU Signature, typed or printed name of registered agent and fee to be paid	DATE April 21st, 2006 (NOTE: Registered Agent signature required when it is personal)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME LU, GREGORY F STREET ADDRESS 7878 SEVILLE PLACE, #2502 CITY-STATE-ZIP BOCA RATON, FL 33433	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Addition
NAME TOOL, JANA STREET ADDRESS 7878 SEVILLE PLACE, #2502 CITY-STATE-ZIP BOCA RATON, FL 33433	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Addition

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: GREGORY LU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE April 21st 2006 1581 (2006)