

2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/16/2007-90015-002-\$150.00-\$150.00

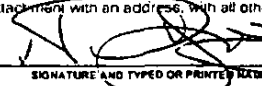
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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06192007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000058068			
1. Entity Name IMPERIAL FOOD SERVICE, INC.			
Principal Place of Business 340 NE 94TH STREET MIAMI, FL 33138		Mailing Address 340 NE 94TH STREET MIAMI, FL 33138	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 86-1168981		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUTHIT, MARC A ESQ. 550 NE 124TH STREET MIAMI, FL 33161		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 Signature filed or printed name of registered agent and title in parentheses		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	P. D PERRY, DYNISE 340 NE 94TH STREET MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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.		B 9/18/07	
SIGNATURE:  786-277-7490		6/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR		Date	

per conversation the first notice was mail before 5/1/07