## FILED Jul 12, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT								
LIMENT # P06000125038								

National Address of Business - NO P.O. Box # 3. Mailing Address 3 SIS IS IN PMY ONE, STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE, STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE, STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE, STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE, STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE, STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IN PMY ONE STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS IS IS IS IN PMY ONE STE 102 APPTER R. 33477  2. Principal Place of Business - NO P.O. Box # 3. Mailing Address 3 Sis IS	DOCUMENT # P06000125038  1. Entity Name IMPERIAL FLOORING OF JUPITER, INC.							_	07-12-200	•				
Sulfs, Apt. #, etc.    Sulfs, Apt. #, etc.   Sulfs, Apt. #, etc.   G7092007 Chg-P CR2E034 (12708)   Chy & State   Chy & State   A. FEI Number   Marginet for Post Applicable	351 S. US HWY ONE, STE. 102 351 S. US HWY ON				1 S. US HWY ONE, ST	E. 102	·		4	5 EDRIS BIJIN BOSH BEHN E	112)   1212   1224	NIN EBIDA MIN	Mel a len	
City & State  Ci	Principal Place of Business - No P.O. Box #													
Name and Address of Durwin Registered Agent   S. Certificate of Satus Desired   \$3.75 Agents   Section	Suite, Apt. #, etc.			Suite, Apt. #, etc.			07092007	Chg-P	CR2E	034 (12/06)				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name DAVID NA GA RELLI  Steel Address (P.O. Box Number is Not Acceptable)  CIV WCST DALM SEACH FL 20 Cycle 23 M/09  8. The above named entry further translation of the purpose of chonging its registered office or registered agent, or both, in the State of Florida. I an familiar with, and accept the deligitoring of registered Agent and the registered Agent of registered Agent of registered Agent and the Agent Agent Agent and the Agent Agent Agent and the Agent	City & State	e		С	City & State				4. FEI Numb	er		<del></del>		
Name   DAVID   NA GARELL	Zip	Country Zip			р	Country			5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  16 07 IN MILITARY TRAIL  City UCST PALM BEACH FL 20 Code  18 The above ramp6 entity stockits this shapement for the purpose of changing its registered agent, or both, in the State of Forica. I am familiar with, and accept the collegators of registed of agent, or both, in the State of Forica. I am familiar with, and accept the collegators of registed of agent, or both, in the State of Forica. I am familiar with, and accept the collegators of registed of agent, or both, in the State of Forica. I am familiar with, and accept the collegators of the state of Forica and a mail with and accept the collegators of the state of Forica. I am familiar with, and accept the collegators of the state of Forica. I am familiar with, and accept the collegators of the state of Forica. I am familiar with, and accept the collegators of the state of Forica. I am familiar with, and accept the collegators of the state of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the State of Forica. I am familiar with, and accept the collegators of the state of Forica. I am familiar with, and accept the collegators of the state of Forica. I am familiar with, and accept the state of Forica. I am familiar with, and accept the collegators of the state of Foric		6. Name	and Address of Current	Registr	ered Agent		Name							
N. PALM BEACH, FL 33409  160 7 N MILLITARY TRAIL  City WCST PALM SEACH FL 20 Stylenger  In the obligation of registed cettly stochists thindstaylenery for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registed of forem. In the State of Florida. I am familiar with, and accept the obligation of registed of forem. In the State of Florida. I am familiar with, and accept the obligation of registed of forem. In the State of Florida. I am familiar with, and accept the obligation of registed of forem. In the State of Florida. I am familiar with, and accept the obligation of registed of forem. In the State of Florida. I am familiar with, and accept the obligation of registed of forem. In the State of Florida. I am familiar with, and accept the obligation of the State of Florida. I am familiar with, and accept the obligation of the State of Florida. I am familiar with, and accept the obligation of the State of Florida. I am familiar with, and accept the obligation of the State of Florida. I am familiar with, and accept the control of the State of Florida. I am familiar with, and accept the control of the State of Florida. I am familiar with, and accept the prior notice.  FILE MOWIT! FEE IS \$150.00  FILE MO	11911 US	HWY 1, S	STE. 201				<del></del>							
8. The above narrysid entity yibrylite this playment for the purpose of changing its registered office or registered agent, or both, in the State of Pionta, I am familiar with, and accept the obligation of registered plant.    SignaTurie				Ю, Р.	<b>4</b> .		160	7	N MILI	TARY	TRAIL			
B. The above named entry stocks in statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered for present special property of the obligation of registered property.    Signature   December				_			City					Zip Cod	3409	
FILE NOW!!! FEE 13 \$150.00   Due by September 14, 2007   S. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   In accordance with s. 607.193(2)Xb), F.S., the corporation did not receive the prior notice.  10.				r the pu	rpose of changing its re	egistere				th, in the State of F	lorida. I am	familiar with,	and accept	
FILE NOWITI FEE IS \$150.00 Due by September 14, 2007 Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  PS MAGARELLI, DAVID MAKE STRET ADDRESS CITY-ST-2P  TITLE NAME STRET ADD	SIGNATURE	Signature, typed	or printed name of registered agent	and title if	<u> </u>		_ ,		when reinstating)	3)		-5-0-	7	
19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MACH MACH MACH MACH MACH MACH MACH MACH	FILE NOWI!! FEE 18 \$150.00  9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the									F.S., the				
MAGARELLI, DAVID 351 S. US HWY ONE, STE. 102 JUPITER, FL 33477 *  TITLE VT GRIMPE, ERIC STRET ADDRESS CITY-ST-2P  TITLE NAME STRET ADDRESS CITY-ST-2P  TITLE NA			•	DIRECT	FORS	11.		···	ADDITIONS	CHANGES TO OF	FICERS AN	DIRECTOR:	S IN 11	
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SIGNATURE: DAVIO MAGARELLI 7-9-07 2534	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 frusteer 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.													
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