

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000119757

1. Entity Name  
IMPERIAL TRADE FAIR CONSTRUCTIONS, INC.



FILED

08 SEP -3 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
426 NORTHEAST 13TH AVE  
FT LAUDERDALE, FL 33301

Mailing Address  
426 NORTHEAST 13TH AVE  
FT LAUDERDALE, FL 33301

2. Principal Place of Business - P.O. Box #  
2014 NE 19th St

3. Mailing Address  
2014 NE 19th St

4. Suite, Apt. #, etc.  
App 3

5. Suite, Apt. #, etc.  
App 3

09032008 Chg-P CR2E034 (12/06)

City & State  
FORT LAUDERDALE FORT LAUDERDALE

4. FEI Number ☒ Applied For  
Not Applicable

Zip  
33305 Country FL

Zip  
33305 Country FL

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

6. Name and Address of Current Registered Agent  
POHL, FRANK H  
426 NORTHEAST 13TH AVE  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
Name DR. HENRY W. ZSCHAU  
Street Address (P.O. Box Number is Not Acceptable)  
2014 NE 19th St App 3  
FORT LAUDERDALE, FL 33305

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 DR. HENRY W. ZSCHAU DR. HENRY W. ZSCHAU 09/03/2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRANT, EROL 426 NORTHEAST 13TH AVE FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kirant, Erol 2014 NE 19th St App 3 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DR. HENRY W. ZSCHAU 2014 NE 19th St App 3 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400135428614 09/05/08--01046--008 **1000.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE: DR. HENRY W. ZSCHAU 09/03/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #