


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90201 015 ***150.00

DOCUMENT # P93000009800

1. Entity Name
 IMPERIAL TRANSPORTATION P.B.C., INC.



Principal Place of Business Mailing Address

3114 45TH ST 3114 45TH ST
 SUITE #10 SUITE #10
 WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US

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



04122007 Chg-P CR2E034 (12/06)

4. FCI Number Applied For

65-0624949 Not Applicable

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

6. Name and Address of Current Registered Agent

BARRETT-SMITH, LORNA
 18978 - 49TH STREET NORTH
 LOXAHATCHEE, FL 33470

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 (Typed or Printed Name of Registered Agent and Title is Acceptable) (If a FCI Number and Agent Signature is Required for a Change of Agent)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ...	
TITLE	PD	TITLE	
NAME	SMITH, LUCIUS A	NAME	
STREET ADDRESS	18978 49TH STREET NORTH	STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE, FL	CITY, ST, ZIP	
TITLE	V	TITLE	
NAME	BARRETT-SMITH, LORNA	NAME	
STREET ADDRESS	18978 49TH N	STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE, FL	CITY, ST, ZIP	
TITLE	V	TITLE	
NAME	SMITH, KYLE A	NAME	
STREET ADDRESS	18978 49TH ST N	STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE, FL	CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucius A Smith* 4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR