


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000036896**

1. Entity Name  
IMPERIAL COMMUNICATIONS CORP.



Principal Place of Business 400 SW 107TH AVENUE STE 302 MIAMI, FL 33174 US	Mailing Address 400 SW 107TH AVE STE 302 MIAMI, FL 33174 US
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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0412282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTEIZA, RICARDO M  
1115 S.W. 100 COURT  
MIAMI, FL 33174

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OTEIZA, RICARDO M 1115 S.W. 100 COURT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOLDEN, CHRISTINE E 1115 S.W. 100 COURT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTEIZA, IVON 8715 S.W. 152 AVENUE APT. 310 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000402191  
02/02/05-80076-005 150.00

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: Ricardo M. Oteiza/Ricardo M. Oteiza 1/17/06 (305)229-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #