

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000084150

1. Entity Name  
IMPERIAL MEDICAL SUPPLY, INC.



Principal Place of Business  
2923 SW 8TH STREET  
MIAMI, FL 33135 US

Mailing Address  
2923 SW 8TH STREET  
MIAMI, FL 33135 US

**FILED**  
**Aug 22, 2008 08:00 AM**  
**Secretary of State**



08182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0453327

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CUELLO, CESAR  
2923 SW 8TH STREET  
MIAMI, FL 33135

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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  
P  
CUELLO, CESAR  
888 BRICKELL KEY DRIVE #1108  
MIAMI, FL 331331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CUELLO, CESAR A.  
888 BRICKELL KEY DRIVE #1108  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000958185  
08/22/08-80001-012 550.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Cesar Cuello, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/08 305-212-1449