

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000016793

1. Entity Name  
IMPERIAL BUSINESS PARK, INC.



Principal Place of Business  
999 PONCE DE LEON BLVD.  
SUITE 1000  
CORAL GABLES, FL 33134 US

Mailing Address  
999 PONCE DE LEON BLVD.  
SUITE 1000  
CORAL GABLES, FL 33134 US



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE.**

4. FEI Number  
65-0475604

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARLOS, PETER  
999 PONCE DE LEON BLVD  
STE 1000  
CORAL GABLES, FL 33134

**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

ck 2003 2/1/08  
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PDST  
NAME CARLOS, PETER  
STREET ADDRESS 999 PONCE DE LEON BLVD STE 1000  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE AST  
NAME CARLOS, THOMAS P  
STREET ADDRESS 999 PONCE LEON BLVD., STE 1000  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

**DO NOT WRITE  
IN THIS SPACE**

000000835005  
02/29/08-80018-001 150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas P. Carlos* Thomas P Carlos 1/31/08 305 444 1500