

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90005 035 \*\*\*150.00

<b>DOCUMENT # P97000005219</b> 1. Entity Name <b>IMPERIAL REAL ESTATE INC.</b>					
Principal Place of Business <del>2787 E. ORLANDO PARK BLVD</del> <del>SUITE 304</del> <del>FORT LAUDERDALE FL 33308</del> <del>FL</del>			Mailing Address <del>2238 N. CYPRESS BEND DR. UNIT 701</del> <del>POMPANO BEACH FL 33069</del> <del>US</del>		
2. Principal Place of Business <b>2100 SE MIDPORT RD</b> Suite <del>206</del> <b>206</b>		3. Mailing Address <b>3100 S.E. PRUITT ROAD</b> Suite, Apt. <del>1000</del> <b>G/302</b>			
City & State <b>PORT ST. LUCIE, FL.</b>		City & State <b>PORT ST. LUCIE, FL</b>		4. FEI Number <b>65-0719409</b>	
Zip <b>34952</b> Country <b>U.S.A.</b>		Zip <b>34952</b> Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MENARD, DENISE DENYSE</b> <del>2238 N. CYPRESS BEND DR. UNIT 701</del> <del>POMPANO BEACH FL 33069</del>			7. Name and Address of New Registered Agent Name <b>DENYSE MENARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>3100 SE PRUITT ROAD</b> <b>G/302</b> City <b>PORT ST. LUCIE</b> <b>FL</b> Zip Code <b>34952</b>		
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 reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>MENARD, DENYSE</b> <del>2238 N. CYPRESS BEND DR. UNIT 701</del> <del>POMPANO BEACH FL 33069</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DENYSE MENARD</b> <b>3100 S.E. PRUITT RD G/302</b> <b>PORT ST. LUCIE, FL. 34952</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Denyse Menard</i> <b>DENYSE MENARD</b> <b>APRIL 5/04 (954) 398-2211</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					