


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90195 005 \*\*\*150.00

<b>DOCUMENT # P97000008075</b>		
1. Entity Name <b>IMPERIAL CLEANING CORPORATION</b>		

Principal Place of Business <b>15476 NW 77 CT 336 MIAMI LAKES, FL 33016</b>	Mailing Address <b>15476 NW 77 CT 336 MIAMI LAKES, FL 33016</b>
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2. Principal Place of Business - No P.O. Box # <b>15476 N.W. 77th CT.</b>	3. Mailing Address <b>15476 NW 77th CT.</b>
Suite, Apt. #, etc. <b># 336</b>	Suite, Apt. #, etc. <b># 336</b>

City & State <b>MIAMI LAKES, FLORIDA</b>	City & State <b>MIAMI LAKES, FLORIDA</b>
Zip <b>33016</b>	Zip <b>33016</b>
Country <b>USA</b>	Country <b>USA</b>

**60034024**



04242008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0725312</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FERNANDEZ, OMAR 3800 INVERRARY BLVD SUITE 203 FORT LAUDERDALE, FL 33319</b>		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ, OMAR 3800 INVERRARY BLVD SUITE 203 FORT LAUDERDALE, FL 33319</b> <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	<b>D GONZALEZ, RAUL 23339 LA VIDA WAY BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONZALEZ, RAUL 15476 NW. 77th CT., #336 MIAMI LAKES, FL. 33016</b> <input checked="" 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
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 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: _____	<b>4/24/08</b>	<b>954-640-0391</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #