

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000095340**

1. Entity Name  
HOUSE OF IMPERIAL, INC.



Principal Place of Business  
1481 NE 53RD STREET  
FT. LAUDERDALE, FL 33334

Mailing Address  
1481 NE 53RD STREET  
FT. LAUDERDALE, FL 33334



03262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0812962

Applied For  
Not Applicable

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

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

MAVRA, LINDA A  
1481 NE 53RD STREET  
FT. LAUDERDALE, FL 33334

**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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MAVRA, PETER JOHN  
STREET ADDRESS 1481 NE 53RD STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE SH  
NAME MAVRA, GRACIJELA  
STREET ADDRESS 1481 NE 53RD STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE SH  
NAME MAVRA, PETER  
STREET ADDRESS 1481 NE 53RD STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE SSM  
NAME MAVRA, LINDA A  
STREET ADDRESS 1481 NE 53RD STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000685424  
04/09/07-80005-017 150.00

**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:** Linda A Manana LINDA A MAVRA 3/21/07 9547125916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #