


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P97000095340</b> 1. Entity Name HOUSE OF IMPERIAL, INC.	
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Principal Place of Business 1481 NE 53RD STREET FT. LAUDERDALE, FL 33334	Mailing Address 1481 NE 53RD STREET FT. LAUDERDALE, FL 33334
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<b>DO NOT WRITE IN THIS SPACE</b>
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02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0812962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MAVRA, LINDA A 1481 NE 53RD STREET FT. LAUDERDALE, FL 33334
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>2/19/08</u>
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<b>FILE NOW!!! FEB 19 \$150.00</b> <b>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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAVRA, PETER JOHN 1481 NE 53RD STREET FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH MAVRA, GRACIJELA 1481 NE 53RD STREET FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH MAVRA, PETER 1481 NE 53RD STREET FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSM MAVRA, LINDA A 1481 NE 53RD STREET FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000835864 02/29/08-80052-003 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.
<b>SIGNATURE:</b> <u>Linda Mave</u> <b>LINDA MAVRA</b> <b>SSM</b> <u>2/19/08</u> <u>9545433652</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>