

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039373

Entity Name: IMP N'X CORPORATION

FILED  
Mar 23, 2006  
Secretary of State

**Current Principal Place of Business:**

11628 NW 43RD TERR  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11628 NW 43RD TERR  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 65-0923253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARILE, EDWARD A  
11628 NW 43 TERR  
MIAMI, FL 33178      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BARILE, EDUARDO  
Address: 11628 NW 43 TERR  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: STRAFACCI, CLAUDIA  
Address: 11628 NW 43 TERR  
City-St-Zip: MIAMI, FL 331784231

Title: D ( ) Delete  
Name: DOSSANTOS, RAFAEL  
Address: 11628 NW 43 TERR  
City-St-Zip: MIAMI, FL 331784231

Title: D ( ) Delete  
Name: DOSSANTOS, MATEUS  
Address: 11628 NW 43 TERR  
City-St-Zip: MIAMI, FL 331784231

Title: D ( ) Delete  
Name: DOSSANTOS, VITOR  
Address: 11628 MW 43 TERR  
City-St-Zip: MIAMI, FL 331784231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO BARILE

Electronic Signature of Signing Officer or Director

MRS.

03/23/2006

\_\_\_\_\_ Date