

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90004 026 \*\*\*150.00

<b>DOCUMENT # S02580</b> 1. Entity Name <b>IMCO, INC.</b>			
Principal Place of Business <b>797 WEST 18TH STREET HIALEAH, FL 33010</b>		Mailing Address <b>797 WEST 18TH STREET HIALEAH, FL 33010</b>	
2. Principal Place of Business - No P.O. Box # <b>797 West 18 St</b>		3. Mailing Address <b>797 West 18 St</b>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <b>Hialeah, FL</b>		City & State <b>Hialeah, FL</b>	
Zip <b>33010</b>		Zip <b>33010</b>	
Country _____		Country _____	
4. FEI Number <b>65-0219357</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIVERA, GLADYS 11401 NW 13 COURT PEMBROKE PINES, FL 33026</b>		7. Name and Address of New Registered Agent  Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP RIVERA, GLADYS 11401 NW 13 COURT PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE:</b> <i>Gladys Rivera</i> <b>Gladys Rivera</b> <b>6/4/07</b> <b>305-8850027</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

## Division of Corporations

### 2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	S02580
Business Entity Name	IMCO, INC.
Original File Date	09/14/1990

ATTACHMENT

40120125

FEI Number 65-0219357

Principal Address 797 WEST 18TH STREET  
HIALEAH, FL 33010

Mailing Address 797 WEST 18TH STREET  
HIALEAH, FL 33010

Registered Agent GLADYS RIVERA  
11401 NW 13 COURT  
PEMBROKE PINES, FL 33026 US

Officer/Director Name And Address

DP  
GLADYS RIVERA  
11401 NW 13 COURT  
PEMBROKE PINES, FL 33026

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

May 7/07

Sorry I'm little late, but was do to my illness. I have been in the hospital (Cleveland Clinic Hospital) since April 6/07 to May 3rd/07. I'll appreciate any consideration referent to late charge fee.

Thanks very much,

Robert A. Rivest  
 City of Rivest  
 President

ATTACHMENT

40120125

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