2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# V51979

Entity Name: IMPERIAL PACKERS & PURVEYORS INC.

Current Principal Place of Business:

1430 E MOWRY DRIVE
102
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

1430 E MOWRY DRIVE
102
HOMESTEAD, FL 33033 US

New Mailing Address:

PO BOX 900940
HOMESTEAD, FL 33090 US

FEI Number: 65-0346138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABAUVE, CAROLINE
1430 E MOWRY DRIVE
102
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

LABAUVE, CAROLINE
PO BOX 900940
HOMESTEAD, FL 33090 US

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: CAROLINE LABAUVE 01/07/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LABAUVE, CAROLINE,
Address: 1430 E MOWRY DRIVE, #102
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IMPERIAL PACKERS AND, PURVEYORS, IN C .
Address: PO BOX 900940
City-St-Zip: HOMESTEAD, FL 33090

Title: VP ( ) Change (X) Addition
Name: IMPERIAL PACKERS AND, PURVEYORS, IN C .
Address: PO BOX 900940
City-St-Zip: HOMESTEAD, FL 33090 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT CUIK VP 01/07/2005
Electronic Signature of Signing Officer or Director Date