2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51979

FILED Jan 11, 2007 Secretary of State

Entity Nam	ie: IMPERIAL	PACKERS & PURVEYORS I	INC.			
Current Principal Place of Business:				New Principal Place of Business:		
1430 E MOWRY DRIVE 102						
HOMESTEAD, FL 33033 US						
Current Mailing Address:				New Mailing Address:		
PO BOX 900940 HOMESTEAD, FL 33090 US						
FEI Number: (65-0346138	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LABAUVE, CAROLINE PO BOX 900940 HOMESTEAD, FL 33090 US				LABAUVE, CAROLINE 1430 EAST MOWRY DRIVE 102 HOMESTEAD, FL 33090 US		
The above r		ubmits this statement for the p		,	office or registered agent, or both,	
SIGNATURE: CAROLINE LABAUVE Electronic Signature of Registered Agent				01/11/2007		
			ent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	. ,	Delete ERS AND, PURVEYORS, IN C . . 33090		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	` '	Delete ERS AND, PURVEYORS, IN C . . 33090 US		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: CAROLINE LABAUVE **PRES** 01/11/2007