## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# V51979

FILED Jan 25, 2007 Secretary of State

Entity Name: IMPERIAL PACKERS & PURVEYORS INC. **Current Principal Place of Business: New Principal Place of Business:** 1430 E MOWRY DRIVE 102 HOMESTEAD, FL 33033 **New Mailing Address: Current 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 ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABAUVE, CAROLINE 1430 EAST MOWRY DRIVE 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 IMPERIAL PACKERS AND, PURVEYORS, IN C .
 Name:
 LABAUVE, CAROLINE L

 Address:
 PO BOX 900940
 Address:
 PO BOX 900940

 City-St-Zip:
 HOMESTEAD, FL 33090
 City-St-Zip:
 HOMESTEAD, FL 33090

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 IMPERIAL PACKERS AND, PURVEYORS, IN C .
 Name:

 Address:
 PO BOX 900940
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33090 US
 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: ROBERTO CUIK EVP 01/25/2007