## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M00007**

1 Fority Name

PERÉZ & PEREZ ARCHITECTS PLANNERS, INC.



Mailing Address

Principal Place of Business 2121 DOUGLAS RD, 3RD.FL. MIAMI, FL 33145

2121 DOUGLAS RD. 3RD.FL. MIAMI, FL 33145

## FILED Mar 18, 2004 08:00 AM Secretary of State



03032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2400309

Applied For Not Applicable

5. Certificate of Status Desired

03/02/04

\$8.75 Additional Fee Required

(305)444-4545

6. Name and Address of Current Registered Agent

PEREZ, FIDEL 2121 DOUGLAS RD. 3RD.FL. MIAMI, FL 33145

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

| 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_Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE  |   |  |       |                                |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |   | Election Campaign Financ<br>Trust Fund Contribution. | ·     | \$5.00 May Be<br>Added to Fees | <u>-</u>                                  |
| 10.   | OFFICERS AND DIRE   | CTORS  | ····· |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VSTD<br>PEREZ, FIDEL<br>1785 FAIRHAVEN PLACE<br>COCONUT GROVE, FL 33133 |  |       | <del>-</del> ··                | U00000091953<br>03/18/04-80030-005 158.75 |
| BTLE<br>NAME<br>STREET ADDRESS<br>CRY-ST-ZIP  | PD<br>PEREZ-ZARRAGA, DANIEL<br>7585 S.W. 52ND AVENUE<br>MIAMI, FL 33143 |  |       | -···-                          | - · · ·                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |       | DO                             | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |       | IN .                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |       |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |       |                                | ·   |
| 12. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplieriental popular popular and from the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver it in size empowered by 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. |   |  |       |                                |   |

Fidel A. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR