2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # M00007

1. Entity Name
PEREZ & PEREZ ARCHITECTS PLANNERS, INC.

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

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

02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2400309

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000851217
03/25/08-80030-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	PEREZ, FIDEL
STREET ADDRESS	1785 FAIRHAVEN PLACE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	PD
NAME	PEREZ-ZARRAGA, DANIEL
STREET ADDRESS	7585 S.W. 52ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	MAS, MARIO
STREET ADDRESS	5950 SW 48 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 2/26/2008 (305) 444 4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #