

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jun 03, 2004 8:00 am Secretary of State

04-29-2004 90317 009 ***150.00

DOCUMENT # M37859
1. Entity Name
PERFECTION INDUSTRIAL SERVICES CORP.



Principal Place of Business
511 NE 134TH ST., N MIAMI, FL 33161
P.O. BOX 61-1214
NORTH MIAMI FL 33261
Mailing Address
511 NE 134TH ST., N MIAMI, FL 33161
P.O. BOX 61-1214
NORTH MIAMI FL 33261

66426071



MOORE CR2E034 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number 59-2763015
Applied For
Not Applicable

Zip
Country
Zip
Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCFARLANE, RICARDO
511 NE 134TH STREET
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

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

Table with 10 rows for Officers and Directors. Columns include Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 10 rows for Additions/Changes to Officers and Directors. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

12. I hereby certify that the information supplied with this filing 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 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: Ricardo AM Farlane

5-15-04

Date Daytime Phone #