


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000095696

1. Entity Name
PEREZ MAGNELLI CORP.



Principal Place of Business
**100 N.E. 43RD STREET
 MIAMI, FL 33137**

Mailing Address
**100 N.E. 43RD STREET
 MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2449966

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, MIGUEL HECTOR
 100 N.E. 43RD STREET
 MIAMI, FL 33137**

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD PEREZ, MIGUEL HECTOR 100 N.E. 43RD STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD MAGNELLI, MARIA CRISTINA 100 N.E. 43RD STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD PEREZ, MARIA VERONICA 100 N.E. 43RD STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD PEREZ, MARIA EUGENIA 100 N.E. 43RD STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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 04/15/08-80083-001 150.00

DO NOT WRITE IN THIS SPACE

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: 

March 28, 2008

305-576-8203