2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P04000136014

1. Entity Name
PERLINI & HERBERT, P.A.

Principal Place of Business
333 NE 2ND ST
DELRAY BCH, FL 33348

Mailing Address
333 NE 2ND ST
DELRAY BCH, FL 33348

DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E(11/05)

4. FEI Number
20-1793269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

75 Additional Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311

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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 ar 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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERLINI, RICHARD
STREET ADDRESS	333 NE 2ND ST
CITY-ST-ZIP	DELRAY BCH, FL 33348
TITLE	D
NAME	HERBERT, KEITH
STREET ADDRESS	333 NE 2ND ST
CITY-ST-ZIP	DELRAY BCH, FL 33348
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 ce hat 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 n 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 ock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phone #