


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

06-30-2006 90001 023 \*\*\*150.00

**DOCUMENT # P03000031716**

1. Entity Name  
**PEREZ DISTRIBUTORS INC.**



Principal Place of Business  
**4940 SW 96 AVE**  
**MIAMI, FL 33165**

Mailing Address  
**4940 SW 96 AVE**  
**MIAMI, FL 33165**

2. Principal Place of Business  
**5000 SW 96 Ave**

3. Mailing Address  
**5000 SW 96 Ave.**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33165**

Country  
**USA**

06282006 Chg-P CR2E034 (11/05)



4. FEI Number  
**86-1055857**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DE-JESUS PEREZ, ERNESTO**  
**4940 SW 96 AVE**  
**MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name  
**DE JESUS PEREZ ERNESTO**

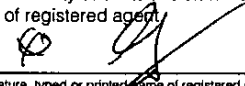
Street Address (P.O. Box Number is Not Acceptable)  
**5000 SW 96 Ave**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33165**

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:  DATE: **6/28/06**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	DE-JESUS PEREZ, ERNESTO	4940 SW 96 AVE	MIAMI, FL 33165	<input type="checkbox"/>
VS	INCHAUSTI, ANA	4940 SW 96 AVE	MIAMI, FL 33165	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	DEJESUS PEREZ ERNESTO	5000 SW 96 Ave.	MIAMI, FL 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VS	INCHAUSTI, ANA	5000 SW 96 Ave	MIAMI, FL 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **6/28/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #