

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000040144

Entity Name: PERK INVESTMENTS, CORP.**Current Principal Place of Business:**16445 COLLINS AVE.
APT. WS-6B
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**16445 COLLINS AVE.
APT. WS-6B
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 46-5606885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MLP FINANCIAL GROUP INC
6303 BLUE LAGOON DR
SUITE 320
MIAMI, FL 33126 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GOLDRING, SARA SILVIA
Address	16445 COLLINS AVE #WS-6B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	CUKIER, MARCOS JACOBO
Address	16445 COLLINS AVE. APT. WS-6B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	CUKIER, DARIO GUSTAVO
Address	16445 COLLINS AVE. APT. WS-6B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	D
Name	CUKIER SOLNICA, MAURICIO
Address	16445 COLLINS AVE #WS-6B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	CUKIER, DANIEL
Address	16445 COLLINS AVE. APT. WS-6B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	CUKIER, MARTIN
Address	16445 COLLINS AVE. APT. WS-6B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARA SILVIA GOLDRING**PRESIDENT****06/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date