

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 123792

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: PERRY TRADING COMPANY

**Current Principal Place of Business:**

15730 S.W. 272ND STREET  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

15730 S.W. 272ND STREET  
HOMESTEAD, FL 33031

**New Mailing Address:**

FEI Number: 59-0400250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWE, CHARLES R  
15730 S.W. 272ND ST.  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROWE, CHARLES R  
Address: 15730 S.W. 272ND STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: V ( ) Delete  
Name: ROWE, PAULETTE COONS  
Address: 15730 S.W. 272ND STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: S ( ) Delete  
Name: ROWE, CHARLES R  
Address: 15730 SW 272ND ST  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES R. ROWE

PRES

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date