


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 243273
 1. Entity Name
PERKO, INC.



Principal Place of Business
**16490 NW 13TH AVE
 PO BOX 64000 D
 MIAMI, FL 33169**

Mailing Address
**16490 NW 13TH AVE
 PO BOX 64000 D
 MIAMI, FL 33169**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0932376

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBINSON JR, BARNETT
 120 E PALMETTO PARK RD
 STE 150
 BOCA RATON, FL 33432**

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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 _____
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
 After May 1, 2007 Fee will be \$550.00**

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

000000615768
 02/07/07-80001-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ROBINSON JR, BARNETT 120 E PALMETTO PARK RD STE 150 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BEDRAN, JENI M. JR 16490 NW 13TH AVENUE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PERKINS, MARVIN D 16490 NW 13TH AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, FREDERICK M 16490 NW 13TH AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* *Jeni M Bedran Jr* 1/26/07 305-621-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #