

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 504259	
1. Entity Name PEREZ & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, PROFESSIONAL ASSOCIATION	



Principal Place of Business 201 E. KENNEDY BLVD. #420 TAMPA, FL 33602 US	Mailing Address 201 E. KENNEDY BLVD. #420 TAMPA, FL 33602 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1669671	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PEREZ, FRANK JR.
201 E KENNEDY BLVD #420
TAMPA, FL 33602

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, FRANK JR. 201 E KENNEDY BLVD #420 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEREZ, FRANK, III 201 E KENNEDY BLVD #420 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000011157
01/23/04-80027-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.20.04 83223511
Date Daytime Phone #