


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 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	
DO NOT WRITE IN THIS SPACE		



01062005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent PEREZ, FRANK JR. 201 EKENNEDY 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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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**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

Date

Daytime Phone #

[Signature] Jan. 21, 2005 8132231511