

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90004 045 ***158.75

DOCUMENT # 555750

1. Entity Name

ROBERTO P. PERKINS, P.A.



Principal Place of Business

401 MIRACLE MI-SUITE 408
CORAL GABLES FL 33134

Mailing Address

401 MIRACLE MI-SUITE 408
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9552 SW 57 Street 9552 SW 57 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FE# Number

59-1781511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, ROBERTO P.
9552 SW 57 ST
MIAMI FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERKINS, ROBERTO P.
STREET ADDRESS 9552 SW 57 ST
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Perkins
President

Date

Daytime Phone #

2/8/08 (305) 444-3325