## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04062

Entity Name: PEREZ OF FLORIDA, INC.

## FILED Mar 15, 2007 Secretary of State

US

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

937 W STATE RD 436

SUITE 1095

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

937 W STATE RD 436 801 W. STATE ROAD 436

STE 1095 SUITE 1095 ALTAMONTE SPRINGS, FL 32714 US ALTAMONT

ALTAMONTE SPRINGS, FL 32714 US

ALTAMONTE SPRINGS, FL 32714

937 W STATE RD 436

FEI Number: 59-2039238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEREZ, RUBEN 937 WEST STATE ROAD 436

STE 1095

ALTAMONTE SPRINGS, FL 32714 US

PEREZ, RUBEN 937 WEST STATE ROAD 436 ALTAMONTE SPRINGS, FL 32714 US

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: 03/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name:PEREZ, RUBEN,Name:Address:518 VIA DEL OROAddress:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 COYNE, ROBERT
 Name:

 Address:
 158 WILLOW CREEK
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBEN PEREZ PD 03/15/2007