2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F44348

1. Entity Name MANUEL PEREA P.E. INC.



Principal Place of Business

926 MALAGA AVENUE CORAL GABLES, FL 33134 Mailing Address

926 MALAGA AVENUE CORAL GABLES, FL 33134

FILED Feb 16, 2004 08:00 AM Secretary of State



02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2133317

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREA, MANUEL DE JESUS 926 MALAGA AVENUE CORAL GABLES, FL 33134

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| | | | | | (195) |
|---|--|--|-----------------|--------------------------------|--|
| | named entity submits this statement for the ρ ions of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title I | f applicable. (NOTE, Registered | Agent signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Financ Frust Fund Contribution, | cing 🔲 | \$5.00 May Be Added to Fees | U00000052959 U2/16/04-80113-001 158.75 |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CATY-ST-ZEP | DP PEREA, MANUEL 926 MALAGAN AVENUE CORAL GABELS, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CRTY-ST-ZIP | | | | | |
| title Hame Street Address City-St-Zip | | | | 27. 1/ | |
| 12. I hereby certify that the information cumulad with this filtre area not quality by the examples stated in Contine 110.07(9)(5) Starida Crayles 3 firsther position that the information | | | | | |

I nereby certify that the information supplied with the timing goes 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 truetee 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 attachment with an address, with a statute of the corporation or the receiver or truetee empowered.

SIGNATURE:

MANUEL de JESUS PEREA FEB12-2004 30544313