

AMEND
FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

08-08-2006 90004 005 ***61.25
F94000002841


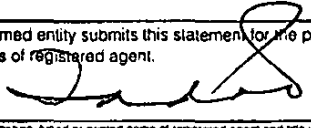
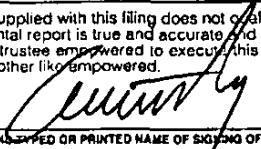
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E034B (8/05)

50024760

DOCUMENT # F94000002841					
1. Entity Name J. Perez Associates, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 7823 NW 15 Street			3. Mailing Address 3760 Kilroy Airport Way		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 560		
City & State Miami, FL			City & State Long Beach, CA		
Zip 33126		Country Doral	Zip 90806		Country LA
4. FEI Number 74-2623123				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name Pura Padron					
Street Address (P.O. Box Number is Not Acceptable) 7823 NW 15 Street					
City Miami FL Zip Code 33126					
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 				DATE 08/03/06	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CEO/COB Joe Perez 3760 Kilroy Airport Way, #560 Long Beach, CA 90806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		President/COD Anthony O. Perez 3760 Kilroy Airport Way, #560 Long Beach, CA 90806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Secretary Lisa Zuccato 3760 Kilroy Airport Way, #560 Long Beach, CA 90806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Anthony O. Perez		08/02/06 (562) 424-1975	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	