

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002841

Entity Name: J. PEREZ ASSOCIATES, INC.

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

7823 NW 15 STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

3760 KILROY AIRPORT WAY
SUITE 560
LONG BEACH, CA 90806

New Mailing Address:

FEI Number: 74-2623123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, PURA
7823 NW 15 STREET
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PEREZ, JOE
Address: 3760 KILROY AIRPORT WAY, #560
City-St-Zip: LONG BEACH, CA 90806

Title: PCOD () Delete
Name: PEREZ, ANTHONY O
Address: 3760 KILROY AIRPORT WAY, #560
City-St-Zip: LONG BEACH, CA 90806

Title: S () Delete
Name: ZUCCATO, LISA
Address: 3760 KILROY AIRPORT WAY, #560
City-St-Zip: LONG BEACH, CA 90806

Title: COB () Delete
Name: PEREZ, JOE
Address: 3760 KILROY AIRPORT WAY #560
City-St-Zip: LONG BEACH, CA 90806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CRAIG HAMMOND

CFO

02/20/2007

Electronic Signature of Signing Officer or Director

_____ Date