2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # G92703 1. Entity Name JORGE PEREZ ACCOUNTING, INC. Principal Place of Business Mailing Address 1220 SE 24TH AVE 1220 SE 24TH AVE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2380310 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 1220 SE 24TH AVE POMPANO BEACH FL 33062 City. 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 primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 THEE PΩ Delete ME Change Addition | PEREZ, JORGE NAME NAME U00000319001 04/20/05-80081-016 150.00 1220 SE 24TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP . . TITLE ☐ Delete 111116 ☐ Change Addition PEREZ, BETTY L. STREET ADDRESS 1220 SE 24TH AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CHY-S1-IIP THE Delete Change ☐ Addition NAME PEREZ, GEORGE H STREET ADDRESS 4849 NW 20TH PLACE STREET ADDRESS. CITY-ST-ZIP COCONUT CREEK FL 33063 CITY-ST-ZIF TITLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete hitE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THLE Delete ☐ Change ☐ Addition THE NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P 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 Block 11 if

OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**FILED**