

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91070 036 ***150.00

DOCUMENT # J21124

1. Entity Name
PERDOMO T.V., INC.



Principal Place of Business

**% ORFELINO PERDOMO
2366 BAW 7TH ST
MIAMI, FL 33125**

Mailing Address

**% ORFELINO PERDOMO
2366 N.W. 7TH ST.
MIAMI, FL 33125**

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2697885

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERDOMO, ORFELINO
2366 N.W. 7TH ST.
MIAMI, FL 33125**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PERDOMO, ORFELINO
2366 N.W. 7TH ST.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PERDOMO, ANTONIA M.
2366 N.W. 7TH ST.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 305-642-5420

Date

Daytime Phone #