2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT	#J42876
1. Entity Name	
PERERS ENTERE	PRISES INC



Principal Place of Business 2015 SOUTH WAVERLY PLACE

PO BOX 2048 MELBOURNE, FL 32902-2048 US Mailing Address

2015 SOUTH WAVERLY PLACE PO 80X 2048 MELBOURNE, FL 32902-2048 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01042006	No Chg-P	CR2	E034 (11/	34 (11/05)		
L FEI Number 59-1229162				Applie Not Ap		
39-1229	102		}	Not Ac		
Cartificato el	Statio Doolrad	77		Addition		

Fee Required

PERERS, ROBERT W 2015 SOUTH WAVERLY PLACE MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	a named entity submits this statement for the parties of registered agent.	ourpose of changing its registered	office or	registered agent, or be	oth, in the State of Florida. I am familiar with, and a	
SIGNATURE.	Signature, typed or panied name of registered egent and rittle	n applicable (NOTE Registered A	gent signatur	e required when reinstating)	DATE	
	E NOWII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🏻	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PDT PERERS, ROBERT 2015 SOUTH WAVERLY PLACE MELBOURNE, FL 32901					
TITLE NAME STREET ADDRESS CITY-ST-JIP	VDS PERERS, SUSAN 2015 SOUTH WAVERLY PLACE MELBOURNE, FL			800000419402 82/15/06-80006-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERERS, RALPH S 2015 SOUTH WAVERLY PLACE MELBOURNE, FL 32901			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CXYY-S1-ZIP	V DIIULIO, GEORGE 2015 S WAVERLY PL MELBOURNE, FL 32901		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZOP		; ;				
IIII.E						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informational 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS City-S1-ZIP

321 723-5003 049.1