## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K24639**

1. Entity Name

PERFORMANCE REAL ESTATE, INC.



Mailing Address

7806 CHARNEY LANE BOCA RATON, FL 33496

Principal Place of Business

211

7806 CHARNEY LANE BOCA RATON, FL 33496 U

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## FILED Jan 18, 2006 08:00 AM Secretary of State



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0063111 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SAMEUL, SUSI 7806 CHARNEY LANE BOCA RATON, FL 33496

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	{ irpose of changing its registered offi	ce or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered Agent	signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSI, MARILEE E. 7806 CHARNEY LANE BOCA RATON, FL 33496				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/24/06-80002-016 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE
TITLE NAME			IN THIS SPACE		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/13/06

561-483-2030

Daytime Phone #