2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

ANNUAL REPORT					Feb 09, 2006 08:00 A			
1. Entity Nam	MENT # K99523 PERGAMENT ENTERPRISI	ES, INC.			Sec	retary of State		
621 NW 53R STE 240-23	Mailing Address V 53RD ST., SUITE 240-21 0-23 ATON, FL 33487 US Mailing Address 621 NW 53RD ST., SUITE 240-21 STE 240-23 BOCA RATON, FL 33487 US							
DO NOT WRITE IN THIS SPA			CE	01272006 4. FEI Numb 22-298	No Chg-P	CR2E034 (11/05) Applied For Not Applicable		
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
POPKIN, EDWARD D 5355 TOWN CENTER RD. STE. 801 BOCA RATON, FL 33431 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, 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.				equired when relinstating)	ired when refreshing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERGAMENT, ROBERT 2499 GLADES RD #114 BOCA RATON, FL	RECTORS			//00000 02/20/06-	426037 80027-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI			

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 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

WINT TO CAMEL TO BECTOR GRANUE AND TYPED OF PRINTED NAMED SIGNING OFFICER OR DIRECTOR

- Holde

954-475-4688

Daytime Phor