

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000011631

1. Entity Name
PEREZ & PEREZ SERVICES LLC



Principal Place of Business
7270 SW 12 ST
MIAMI, FL 33144

Mailing Address
P.O. BOX 441413
MIAMI, FL 33144

2. Principal Place of Business
225 NW 73 Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip **33126**

Country **USA**

Zip

Country

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1122303

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 ST., 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name **PABLO ALFREDO PEREZ**

Street Address (P.O. Box Number is Not Acceptable)

225 NW 73 Ave

City **MIAMI**

Zip Code **33126**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	PABLO ALFREDO PEREZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, PABLO ALFREDO		NAME	225 NW 73 Ave	
STREET ADDRESS	10317 SOUTHWEST 24TH ST., STE. 103		STREET ADDRESS	MIAMI, FL 33165	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Pablo A. Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

04-27-06 (786) 514-8443
Date Daytime Phone #