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Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90192 014 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088826

1. Entity Name
PERLA PAINT, LLC

20009784

Principal Place of Business	Mailing Address
5715 BRITTANIA DR. APT. 3175 ORLANDO, FL 32822-2534	5715 BRITTANIA DR. APT. 3175 ORLANDO, FL 32822-2534

02052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8237 Rain Forest Dr.	8237 Rain
Suite, Apt. #, etc.	Suite, Apt. #, etc. Forest Dr.
City & State: Orlando, Fl.	City & State: Orlando, Fl.
Zip: 32829 Country: Orange	Zip: 32829 Country: Orange.

4. FEI Number: 150-90-6862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERLA, MANUEL
5715 BRITTANIA DR. APT. 3175
ORLANDO, FL 32822-2534

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Manuel Perla
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERLA, REINA		NAME	
STREET ADDRESS	5715 BRITTANIA DR. APT. 3175		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328222534		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERLA, MANUEL		NAME	
STREET ADDRESS	5715 BRITTANIA DR. APT. 3175		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328222534		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: Reina C. Perla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #