

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073778

FILED
May 08, 2008
Secretary of State

Entity Name: NEW PERRY GROUP, LLC

Current Principal Place of Business:

4240 GALT OCEAN DRIVE
#1005
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4240 GALT OCEAN DRIVE
#1005
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 20-3258822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MATATOF, JACOB
4240 GALT OCEAN DRIVE,
#1005
FT LAUDERDALE, FL 33308 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MATATOF, JACOB
Address: 4240 GALT OCEAN DRIVE, #1005
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: MGR () Delete
Name: SHALOM, JOE
Address: 1844 N. NOB HILL ROAD, #279
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR () Delete
Name: ALKELAY, LEON
Address: 1844 N. NOB HILL ROAD, #279
City-St-Zip: PLANTATION, FL 33322

Title: MGR () Delete
Name: KERTESZ, TOMMY
Address: 1844 N. NOB HILL ROAD, #279
City-St-Zip: PLANTATION, FL 33322

Title: MGR () Delete
Name: SADIK, OFER
Address: 10620 NW 49TH ST.
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACOB MATATOF

PRES

05/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date