## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 08:00 AM DOCUMENT # L07225 **Secretary of State** PERFLA, INC. Principal Place of Business Mailing Address 6707 N.W. 37TH AVENUE MIAMI FL 33147 6707 N.W. 37TH AVENUE MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, efc. 1st MOORE CR2E034 (10/05) . City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applied Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERNAS, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 6707 NW 37TH AVENUE MIAMI FL 33147 Zip Code City 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. Lam familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and true if applicable (NOTE Registered Agent signature required when reinstaling) OATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITTLE TITLE ☐ Delete Change Additi PERNAS, ANTONIO NAME NAME 6707 NW 37TH AVE. STREET ADDRESS STREET ADDRESS 000000440**5**82 M37NG 20001-022 CITY-SI-ZIP MIAM! FL GITY-ST-ZIP Tites ☐ Defete TITLE Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Milital [ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TIRE ☐ Change ☐ Attricit MANST NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-IP TITLE ☐ Delete 🔲 Addill. TILLE ☐ Change HAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-ST-ZIP TITLE ☐ Delote 717*t* f ☐ Change Admen MAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or director of the corporation or the receiver or truetes 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:

1/26/06

**FILED** 

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