

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90001 039 ***150.00

DOCUMENT # L88659

1. Entity Name
PRESENT PERFECT, INC



Principal Place of Business
**9497 S. DIXIE HIGHWAY
MIAMI, FL 33156 US**

Mailing Address
**9497 S. DIXIE HIGHWAY
MIAMI, FL 33156 US**

50024962

2. Principal Place of Business
1717 Starling Dr.

3. Mailing Address
1717 Starling Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182006

Chg-P

CR2E034 (11/05)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-0212787

Applied For
Not Applicable

Zip
34231

Country

Zip
34231

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, TRACEY J
7860 SW 86 ST #29
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name
Fuqua, Cindy L.
Street Address (P.O. Box Number is Not Acceptable)
240 S. Pineapple Ave., 10th Floor

City
Sarasota **FL** Zip Code **34236**

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 may file if applicable

(NOTE: Registered Agent signature required when reappointing)

7/31/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHAPIRO, TRACEY J
7860 SW 86 ST #29
MIAMI, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
Bohrer, Theda
1717 Starling Dr.
Sarasota, FL 34231** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: **Theda Bohrer, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/06
Date

Daytime Phone #