

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L94947

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** PERFECT PEDICAB, INC.

**Current Principal Place of Business:**

401 SOUTHARD STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 353  
SARASOTA, FL 34230

**New Mailing Address:**

2700 BAYSHORE BLVD  
511  
DUNEDIN, FL 34698

**FEI Number:** 65-0224561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CATALFOMO, ANTHONY  
C/O CATALFOMO & FARRELLY  
506 LOUISA ST.  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

CATALFOMO, ANTHONY J  
C/O CATALFOMO & FARRELLY  
506 LOUISA ST  
KEY WEST, FL 33040 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:** ANTHONY J. CATALFOMO

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** SAVAGE, THOMAS  
**Address:** 2700 BAYSHORE BLVD, 511  
**City-St-Zip:** DUNEDIN, FL 34698

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS SAVAGE

P

04/23/2012

Electronic Signature of Signing Officer or Director

Date