

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M00007

1. Entity Name
PEREZ & PEREZ ARCHITECTS PLANNERS, INC.



Principal Place of Business
**2121 DOUGLAS RD. 3RD.FL.
MIAMI, FL 33145**

Mailing Address
**2121 DOUGLAS RD. 3RD.FL.
MIAMI, FL 33145**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2400309

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**PEREZ, FIDEL
2121 DOUGLAS RD. 3RD.FL.
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	PEREZ, FIDEL
STREET ADDRESS	1785 FAIRHAVEN PLACE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	PD
NAME	PEREZ-ZARRAGA, DANIEL
STREET ADDRESS	7585 S.W. 52ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	MAS, MARIO
STREET ADDRESS	5950 SW 48 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000700505
04/20/07-80019-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2007

Date

305 444 4545

Daytime Phone *