

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M03958

FILED
Apr 29, 2009
Secretary of State

Entity Name: PERIMETER ROAD BUILDING, INC.

Current Principal Place of Business:

PERIMSTER RD. BLDG.
1200 NW 72 AVE.
MIAMI, FL 33126 US

New Principal Place of Business:

PERIMETER RD. BLDG.
1200 NW 72 AVE.
MIAMI, FL 33126 US

Current Mailing Address:

C/O TOM BYRNE
355 ALHAMBRA CIRCLE #950
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2450628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOM BYRNE
355 ALHAMBRA CIRCLE #950
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: GUSMAN, BRUCE
Address: 355 ALHAMBRA CIRCLE #950
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: BYRNE, TOM
Address: 355 ALHAMBRA CIRCLE #950
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 an address, with all other like empowered.

SIGNATURE: THOMAS E BYRNE

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date