

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M29754

1. Entity Name
PERO PACKING & SALES, INC.



Principal Place of Business
**14095 STATE RD.7
DELRAY BEACH, FL 33446**

Mailing Address
**14095 STATE RD.7
DELRAY BEACH, FL 33446**



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2717658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERO, PETER
10495 STATE ROAD 7
DELRAY BEACH, FL 33446**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000115702
04/16/04-80034-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERO, PETER
STREET ADDRESS	14095 STATE RD.7
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	VD
NAME	PERO, FRANK
STREET ADDRESS	14095 STATE ROAD 7
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	VD
NAME	PERO, CHARLES
STREET ADDRESS	14095 STATE ROAD 7
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	STD
NAME	PERO, ANGELA
STREET ADDRESS	14095 STATE ROAD 7
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ANGELA PERO SEC/TREAS. 4-14-04 561-498-4533

Date

Daytime Phone #