


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M29756 1. Entity Name PERO FAMILY FARMS, INC.	
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Principal Place of Business 14095 STATE ROAD 7 DELRAY BEACH, FL 33446	Mailing Address 14095 STATE ROAD 7 DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2717661

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

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000115699 04/16/04-80034-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PERO, PETER
STREET ADDRESS	14095 STATE ROAD 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)(f), 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: ANGELA PERO SEC/TREAS. 4-14-04 561-498-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #