## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 18, 2007 8:00 am Secretary of State

DOCUMENT # M34815  1. Entity Name LA CASA PEREZ DISCOUNT, INC.					01-18-2007 90110 010 ***150.00			
Principal Plac 1104 W. FLA MIAMI, FL 3.	GLER ST.	Mailing Address 1104 W. FLAGLER ST. MIAMI, FL 33130 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007	Chg-P	CR2E034 (12/0	6)
City & State		City & State			4. FEI Number 59-2697			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$8.75 Fee Requ	Additional uired
•	6. Name and Address of Current	Registered Agent		1	7. Name and	Address of New F	Registered Agent	·
QUINONES, MAYLIN 1104 W. FLAGLER ST. #2 MIAMI, FL 33130				dress (P	O. Box Numbe	MER r is Not Acceptable # 30	CHAN B FL Zip C	Gode-22)37
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 table if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing  Trust Fund Contribution.  Added to Fees								
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				Adde	d to Fees			
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND PSD QUINONES, MAYLIN 1104 W. FLAGLER ST MIAMI, FL 33130	DIRECTORS   Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	) Vi 134	ADDITIONS/O Presi 5 A	dent NERO	TICERS AND DIRECTO  THE AND CHARGE  BOB MIAMA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	VICE NIET	Preside tabe	dent	niAmi fl	33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Chang	ge 🔲 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental reports 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 complation or the feceiver 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 appowered.

SIGNATURE:

SIGNATURE MALIZABETOR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Date

Da

SCHATURE AND TYPES OR PRINTED NAME OF

305- 545 9270