

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90321 012 ****61.25

0020484

DOCUMENT # N00000000826

1. Entity Name
PERFECTED PRAISE CORP.



Principal Place of Business
**4040 NW 187TH TERRACE
MIAMI FL 33055**

Mailing Address
**4040 NW 187TH TERRACE
MIAMI FL 33055**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt., #, etc.

City & State
u

City & State
ii

Zip
u

Country
ii

Zip
ii

Country
ii

4. FEI Number **65-1048920**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PHILLIPS, APRILLE
4040 NW 187TH TERRACE
MIAMI FL 33055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRAW, JOYCE P	
STREET ADDRESS	4040 NW 187TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALLACE, SANDRA	
STREET ADDRESS	2050 N.W. 33RD PLACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, WILLIE J	
STREET ADDRESS	2261 N.W. 59TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED*

CR2E037 (10/02)