2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P00000031097

1. Entity Name
PERTIN, INC.

Principal Place of Business	Mailing Address
721 BILTMORE WAY, STE 402 CORAL GABLES, FL 33134	8360 WEST FLAGLER STREET, STE 200 MIAMI, FL 33144

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0081900
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIOS, LUIS O
8360 WEST FLAGLER STREET, STE 200
MIAMI, FL 33144

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE ENCALADA, ALICIA V
STREET ADDRESS	721 BILTMORE WAY #402
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ENCALADA, JORGE
STREET ADDRESS	721 BILTMORE WAY, STE 402
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ENCALADA, ALICIA
STREET ADDRESS	721 BILTMORE WAY, STE 402
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ENCALADA, JORGE I
STREET ADDRESS	721 BILTMORE WAY, STE 402
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ENCALADA, CARLOS
STREET ADDRESS	721 BILTMORE WAY, STE 402
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000779595
01/11/08-80044-010 150.00

DO NOT WRITE IN THIS SPACE

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 01/04/08 (305)554-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #