


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P00000092829</b>                |  |
| 1. Entity Name<br><b>PEREZ BROTHERS, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>14301 SW 216 ST<br/>GOULDS FL 33170</b> | Mailing Address<br><b>2005 SW 92ND CT<br/>MIAMI FL 33165</b> |
|---|--|

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc.             |         | Suite, Apt #, etc. |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |



1st MOORE CR2E034 (10/04)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-1230907</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent               |  | 7. Name and Address of New Registered Agent        |             |
| <b>PEREZ, JESUS<br/>22225 SW 147TH AVE<br/>MIAMI FL 33170</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PEREZ, JESUS<br>22225 SW 147TH AVE<br>MIAMI FL 33170 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>000000266355<br>03/17/05-80023-011 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PEREZ, ANTONIO<br>2005 SW 92ND COURT<br>MIAMI FL 33165 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>PEREZ, JOSE M<br>3401 SW 17TH ST<br>MIAMI FL 33145 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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

*Jesús Pérez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/5

Date

Daytime Phone #