

# 2005 AR

## FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 MAR 17 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12022004 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number **65-1079025** ☐ Applied For ☐ Not Applicable

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

**DOCUMENT # P01000015327**

1. Entity Name  
**PAHOKEE ENVIRONMENTAL CENTER, INC.**



Principal Place of Business  
**251 EAST MAIN ST  
PAHOKEE, FL 33476**

Mailing Address  
**PO BOX 398  
PAHOKEE, FL 33476 US**

2. Principal Place of Business  
*2814 E MAIN ST*  
Suite, Apt. #, etc.  
*PAHOKEE*  
City & State  
*FLA*

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
*33476* Country  
*FLA BEACH*

6. Name and Address of Current Registered Agent  
**PEREZ, EDILIA  
251 E MAIN ST  
PAHOKEE, FL 33476**

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

**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, GONZALO 251 EAST MAIN STREET PAHOKEE, FL 33476</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, EDILIA 251 EAST MAIN STREET PAHOKEE, FL 33476</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PEREZ EDILIA 251 E MAIN ST PAHOKEE, FLA 33476</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300049335873</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/29/05--01007--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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 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: *Edilia Perez* *3/2/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #