


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90669 021 ***150.00

DOCUMENT # P01000040027	
1. Entity Name PEREZ RANCHES, INC.	

Principal Place of Business 655 EAST MAIN STREET LAKE BUTLER, FL 32054	Mailing Address 655 EAST MAIN STREET LAKE BUTLER, FL 32054
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3711398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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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: *Liliana Perez* *Liliana Perez* *04-30-04* 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME PEREZ, SALVADOR A
STREET ADDRESS 655 EAST MAIN STREET	CITY-ST-ZIP LAKE BUTLER, FL 32054
TITLE SD	NAME PEREZ, PATRICIO A
STREET ADDRESS 655 EAST MAIN STREET	CITY-ST-ZIP LAKE BUTLER, FL 32054
TITLE TD	NAME PEREZ, LILIANA A
STREET ADDRESS 655 EAST MAIN STREET	CITY-ST-ZIP LAKE BUTLER, FL 32054
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

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: *Liliana Perez* *Liliana Perez* *04-30-04* *3864963656*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #