


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90565 031 \*\*\*150.00

<b>DOCUMENT # P01000058025</b>			
1. Entity Name <b>ALFREDO J. PEREZ, P.A.</b>			
Principal Place of Business <b>1835 WEST FLAGLER STREET SUITE 200 MIAMI, FL 33135</b>		Mailing Address <b>1835 WEST FLAGLER STREET SUITE 200 MIAMI, FL 33135</b>	
2. Principal Place of Business <b>5040 N.W. 7 ST</b>		3. Mailing Address <b>5040 N.W. 7 STREET</b>	
Suite, Apt. #, etc. <b>SUITE 750</b>		Suite, Apt. #, etc. <b>SUITE 750</b>	
City & State <b>MIAMI, FLORIDA.</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33126</b>	Country <b>U.S.A.</b>	Zip <b>33126</b>	Country
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, ALFREDO 1835 WEST FLAGLER STREET SUITE 200 MIAMI, FL 33135</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>Alfredo J. Perez as President</b>		Date <b>4/15/05</b> Daytime Phone # <b>305-441-0028</b>	

**20036320**



04152005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1112155** Applied For ☐ Not Applicable ☐

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