


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000073865**

1. Entity Name  
PERCEPTION ENTERPRISES, INC.



Principal Place of Business      Mailing Address

13313 SW 42ND ST.      13313 SW 42ND ST.  
MIAMI, FL 33175      MIAMI, FL 33175

**DO NOT WRITE IN THIS SPACE**



03242006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-1125825      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

LOZANO, CARLOS  
12658 SW 26 ST  
MIRAMAR, FL 33027

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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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

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

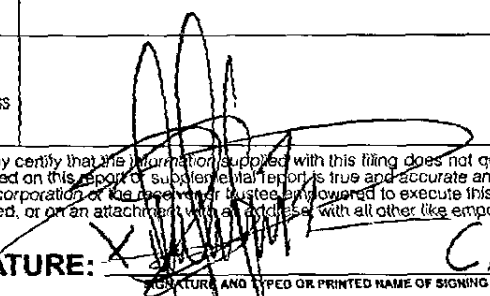
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOZANO, CARLOS
STREET ADDRESS	12658 SW 26 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000484712  
04/12/06-130053-016 150.00

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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 incorporator 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:       **CARLOS LOZANO**      3/24/06      (305) 229-9900

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