


**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

**DO NOT WRITE
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

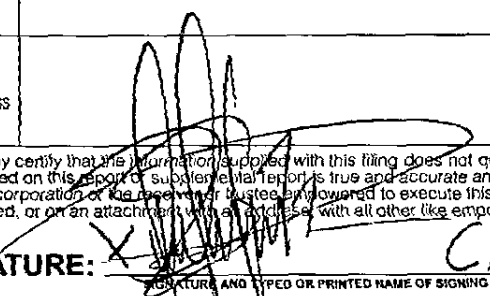
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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 #