


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000077025					
1. Entity Name PEREZ D'LUYZ, INC.					
Principal Place of Business 5845 SW 88 ST MIAMI, FL 33156			Mailing Address 5845 SW 88 ST MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1130046				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
DE VIVERO, LUSSY P 5845 SW 88 ST MIAMI, FL 33156			Name		
DE VIVERO, LUSSY P 5845 SW 88 ST MIAMI, FL 33156			Street Address (P.O. Box Number is Not Acceptable)		
DE VIVERO, LUSSY P 5845 SW 88 ST MIAMI, FL 33156			City		
DE VIVERO, LUSSY P 5845 SW 88 ST MIAMI, FL 33156			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DE VIVERO, LUSSY P	<input type="checkbox"/> Delete		TITLE DE VIVERO, LUSSY P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DE VIVERO, LUSSY P	DE VIVERO, LUSSY P		NAME DE VIVERO, LUSSY P	DE VIVERO, LUSSY P	
STREET ADDRESS 5845 SW 88 ST	5845 SW 88 ST		STREET ADDRESS 5845 SW 88 ST	5845 SW 88 ST	
CITY-ST-ZIP MIAMI, FL 33156	MIAMI, FL 33156		CITY-ST-ZIP MIAMI, FL 33156	MIAMI, FL 33156	
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CITY-ST-ZIP MIAMI, FL 33156	MIAMI, FL 33156		CITY-ST-ZIP MIAMI, FL 33156	MIAMI, FL 33156	
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CITY-ST-ZIP MIAMI, FL 33156	MIAMI, FL 33156		CITY-ST-ZIP MIAMI, FL 33156	MIAMI, FL 33156	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Lussy P. De Vivero</u> Lussy P. De Vivero 305 662 3946					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					