2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90186 037 ***150.00

DOCUMENT # P01000101018

1. Entity Name
DIANA PEREZ, P.A.

24068914

Principal Place of Business	Mailing Address
19501 W. COUNTRY CLUB DR., #406 AVENTURA, FL 33180	19501 W. COUNTRY CLUB DR., #406 UNIT 1106 AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
2500 E. HALLANDALE BEACH BLVD	2500 E. HALLANDALE BEACH BLVD.
Suite, Apt. #, etc. PMB 204	Suite, Apt. #, etc. PMB 204
City & State HALLANDALE BEACH, FL	City & State HALLANDALE BEACH, FL
Zip 33009 Country USA	Zip 33009 Country USA

04222004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1146645 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, DIANA 19501 W. COUNTRY CLUB DR., #406 AVENTURA, FL 33180	Name PEREZ, DIANA Street Address (P.O. Box Number is Not Acceptable) 2500 E. HALLANDALE BEACH BLVD PMB 204 City HALLANDALE BEACH FL Zip Code 33009

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEREZ, DIANA 19501 W. COUNTRY CLUB DR., #406 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEREZ, DIANA 2500 E. HALLANDALE BEACH BLVD, PMB 204 HALLANDALE BEACH, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/27/04 (786)443-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #