

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018635

FILED
May 01, 2008
Secretary of State

Entity Name: PERFECTION IRRIGATION, INC.

Current Principal Place of Business:

944 SW 6TH AVENUE
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

944 SW 6TH AVENUE
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 01-0612279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVENUE
SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

MIGUEL, SANTANA A PRESIDE
944 SW 6TH AVE
SUITE C
CAPE CORAL FL., FL 33991 US

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.

SIGNATURE: MIGUEL A SANTANA

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTANA, MIGUEL ANGEL
Address: 944 SW 6TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: ST () Delete
Name: SANTANA, MARIA G
Address: 944 SW 6TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: V () Delete
Name: SANTANA, ALEXANDER
Address: 944 SW 6TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A SANTANA

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date