


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90037 024 ***150.00

DOCUMENT # P02000026979	
1. Entity Name PERINA REALTY, INC.	

Principal Place of Business 7485 ROYAL PALM BLVD. MARGATE, FL 33063	Mailing Address 7485 ROYAL PALM BLVD. MARGATE, FL 33063
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54027477



2. Principal Place of Business 116605 107th DR North	3. Mailing Address 116605 107th DR, North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State Jupiter FL	City & State Jupiter
Zip 33478	Country P.B.
Zip 33478	Country P.B.

4. FEI Number 30-0051635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERINA, SUSAN KUNZIG 7485 ROYAL PALM BLVD. MARGATE, FL 33063	
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7. Name and Address of New Registered Agent Name Susan Kunzig Perina Street Address (P.O. Box Number is Not Acceptable) 116605 107th DR, North City Jupiter FL Zip Code 33478	
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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 Susan Kunzig Perina 4/3/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERINA, SUSAN KUNZIG 7485 ROYAL PALM BLVD. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan Kunzig Perina Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/3/04 Date 561-746-4111 Daytime Phone #