

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051894 1. Entity Name PERFECT HOUSE SERVICES INC.	
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Principal Place of Business 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141	Mailing Address 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



07052004 No Chg-P CR2E034 (10/03)

4. FCI Number 03-0442713	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**RUIZ, PATRICIO E
1759 MARSEILLE DR #8
MIAMI BEACH, FL 33141**

**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.

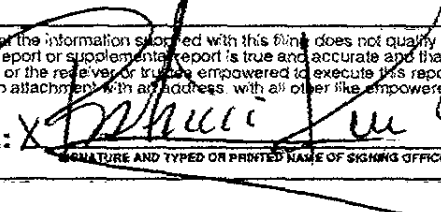
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD RUIZ, PATRICIO E 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	TD RUIZ, PATRICIA D 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: 	08/26/04 305-993-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #