


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000051894 1. Entity Name PERFECT HOUSE SERVICES INC.		
Principal Place of Business 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141	Mailing Address 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, PATRICIO E 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUIZ, PATRICIA D 1759 MARSEILLE DR #8 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Patricia W. Ruiz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>06/01/05</u> <u>305-993-3785</u> <small>Date Daytime Phone #</small>



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0442713

Applied For
Not Applicable

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

U00000376971
08/24/05-80002-003 150.00