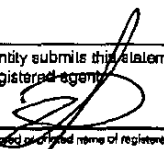
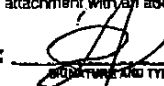


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91055 011 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000092493			
1. Entity Name PEREZ COMMUNICATIONS, INC.			
Principal Place of Business 4100 N 58TH AVE 114 HOLLYWOOD, FL 33021		Mailing Address 4100 N 58TH AVE 114 # 1008 HOLLYWOOD, FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 45-0490816		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name SHLOMO PERETZ Street Address (P.O. Box Number is Not Acceptable) 4100 N 58th Ave. #114 City HOLLYWOOD FL Zip Code 33021	
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  SHLOMO PERETZ, DIRECTOR		DATE 4/28/04	
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	D PEREZ, SHLOMO 3700 N 56 AVE # 1008 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERETZ, SHLOMO 4100 N 58th Ave. #114 HOLLYWOOD, FL 33021 ☒ 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)(l), 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 807, 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:  SHLOMO PERETZ, DIRECTOR		DATE 4/28/04 954-445-4169	