## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # P02000109149** 1. Entity Name JOE PEREZ, INC. Mailing Address Principal Place of Business 17748 SW 28 CT 17748 SW 28 CT MIRAMAR, FL 33029 MIRAMAR, FL 33029 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1978178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PEREZ, JOE 17748 SW 28 CT MIRAMAR, FL 33029 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000914593 9. Election Campaign Financing 05/08/08-80063-002 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PEREZ, JOE NAME 17748 SW 28 CT STREET ADDRESS MIRAMAR, FL 33029 CITY-ST-7IP TITL F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**