

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 004 ***150.00

DOCUMENT # P03000008614

1. Entity Name
PERDOMO SPRINKLER, INC.



Principal Place of Business
1465 NE 118 STREET
NORTH MIAMI, FL 33161

Mailing Address
1465 NE 118 STREET
NORTH MIAMI, FL 33161

54011297



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERDOMO, RAMON
1465 NE 118 STREET
NORTH MIAMI, FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 remitting)

DATE

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 PD
NAME PERDOMO, RAMON
STREET ADDRESS 1465 NE 118 STREET
CITY-STATE-ZIP NORTH MIAMI, FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VD
NAME PERDOMO, JOSE J
STREET ADDRESS 1465 NE 118 STREET
CITY-STATE-ZIP NORTH MIAMI, FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE STD
NAME PERDOMO, FLORENTIO
STREET ADDRESS 1465 NE 118 STREET
CITY-STATE-ZIP NORTH MIAMI, FL 33161

☐ Delete

TITLE
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CITY-STATE-ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-STATE-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #