

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90032 031 ***550.00

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

50059248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
13-4229883

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 of Current Registered Agent (if agent is not the entity, then applicable)

Signature of New Registered Agent (signature required after incorporation)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 III 11

TITLE PD
NAME PERDOMO, RAMON
STREET ADDRESS 1465 NE 118 STREET
CITY-ST-ZIP NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
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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

12. I hereby certify that the information provided in this report is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon A. Perdomo
President

7/29/05

784-2903384