



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 001 ***150.00

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|---|---|--|--|---|--|
| DOCUMENT # P03000031013 1. Entity Name PERFECT AND COMPLETE, INC. | | | |  | |
| Principal Place of Business 2621 HURON WAY MIRAMAR, FL 33025 | | | Mailing Address 2621 HURON WAY MIRAMAR, FL 33025 | | |
| 2. Principal Place of Business - No P.O. Box # 3190 S. STATE RD. 7 #20 | | 3. Mailing Address 3190 S. STATE RD. 7 #20 | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02042008 Chg-P CR2E034 (12/06) | |
| City & State MIRAMAR FLORIDA | | City & State MIRAMAR FLORIDA | | 4. FEI Number 55-0822496 | |
| Zip 33023 | | Country U.S.A. | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33023 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KERR, BRYAN S KERR & KERR LLP 9924 SW 156TH CT. MIAMI, FL 33196 | | | | 7. Name and Address of New Registered Agent 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PTD BARWISE, ROBERT H 3190 S STATE RD. 7 #20 MIRAMAR, FL 33023 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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. | | | | | |
| SIGNATURE: <u>Robert Barwise</u> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: <u>2/19/08</u> Daytime Phone #: <u>954-989-6808</u> | |