

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90038 016 \*\*\*150.00

66405652



02272004 Chg-P CR2E034 (10/03)

**DOCUMENT # P03000063353**  
1. Entity Name  
**DON PRESSURE CLEANING & PAINTING, CORP. (CHANGE)**  
**PERLA DEL SUR HOME CARE, CORP.**



Principal Place of Business  
887 W. 29TH ST. #4 } **DELETE**  
HIALEAH, FL 33012

Mailing Address  
887 W. 29TH ST. #4 } **DELETE**  
HIALEAH, FL 33012

2. Principal Place of Business  
5991 W 20 LN  
Suite, Apt. #, etc.

3. Mailing Address  
5991 W 20 LANE  
Suite, Apt. #, etc.

City & State  
HIALEAH, FL

City & State  
HIALEAH, FL

Zip  
33016

Country  
U.S.A.

Zip  
33016

Country  
U.S.A.

4. FEI Number  
14-1886487

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GONZALEZ, ONOFRE A.**  
887 W. 29TH ST. #4 } **DELETE**  
HIALEAH, FL 33012

7. Name and Address of New Registered Agent  
Name **GONZALEZ, ONOFRE A.**  
Street Address (P.O. Box Number is Not Acceptable)  
5991 W 20 LN  
City **HIALEAH** FL Zip Code **33016**

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]** DATE **2/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ONOFRE A.	} <b>CHANGE</b>	NAME	GONZALEZ, ONOFRE A.	
STREET ADDRESS	887 W. 29TH ST. #4		STREET ADDRESS	5991 W 20 LN	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, HANOI		NAME		
STREET ADDRESS	887 W. 29TH ST. #4		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]** DATE **2/27/04** 305-698-2437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR