


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90035 038 ***150.00

DOCUMENT # P03000093032 1. Entity Name PERNA MANAGEMENT, INC.			
Principal Place of Business 160 WEST CAMINO REAL #238 BOCA RATON FL 33432 US		Mailing Address 160 WEST CAMINO REAL #238 BOCA RATON FL 33432 US	
2. Principal Place of Business <i>160 W Camino Real</i> Suite, Apt. #, etc. <i>#238</i> City & State <i>Boca Raton, FL</i> Zip <i>33432</i> Country <i>Palm Beach</i>		3. Mailing Address <i>160 W. Camino Real</i> Suite, Apt. #, etc. <i>#238</i> City & State <i>Boca Raton, FL</i> Zip <i>33432</i> Country <i>Palm Beach</i>	
6. Name and Address of Current Registered Agent CYNTHIA L. TENBERG, P.A. 3170 NORTH FEDERAL HIGHWAY SUITE 100L LIGHTHOUSE POINT FL 33064		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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<i>President Secretary</i> <i>Diana Perna</i> <i>160 West Camino Real #238</i> <i>Boca Raton, FL 33432</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Diana Perna</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2/23/04</i> Daytime Phone # _____	