

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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**



01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0189395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CYNTHIA L. TENBERG, P.A.
3170 NORTH FEDERAL HIGHWAY
SUITE 100L
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PS
NAME
PERNA, DIANE
STREET ADDRESS
160 WEST CAMINO REAL #238
CITY-ST-ZIP
BOCA RATON, FL 33432

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000518594
05/02/06-80018-019 8.75
U00000518594
05/02/06-80018-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 561-271-995

Date

Daytime Phone #