

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 002 ***150.00

DOCUMENT # P03000095696

1. Entity Name
PEREZ MAGNELLI CORP.



Principal Place of Business
**100 N.E. 43RD STREET
MIAMI, FL 33137**

Mailing Address
**100 N.E. 43RD STREET
MIAMI, FL 33137**

60032949



DO NOT WRITE IN THIS SPACE

03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2449966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, MIGUEL HECTOR
100 N.E. 43RD STREET
MIAMI, FL 33137**

**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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MIGUEL HECTOR 100 N.E. 43RD STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGNELLI, MARIA CRISTINA 100 N.E. 43RD STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUGNONI, IDELBA 100 NE 43RD ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

April 07-2006 - 305-576-8203
Date Daytime Phone #