

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**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**



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PEREZ, MIGUEL HECTOR
STREET ADDRESS	100 N.E. 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	VD
NAME	MAGNELLI, MARIA CRISTINA
STREET ADDRESS	100 N.E. 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	SD
NAME	PEREZ, MARIA VERONICA
STREET ADDRESS	100 N.E. 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	TD
NAME	PEREZ, MARIA EUGENIA
STREET ADDRESS	100 N.E. 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80083-001 150.00

**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

March 28, 2008

305-576-8203