

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90398 004 \*\*\*150.00

**DOCUMENT # P03000118566**

1. Entity Name  
**PEREZ COUNTER INSTALLATION CORP.**



Principal Place of Business  
**3512 SW 90TH AVENUE  
MIAMI, FL**

Mailing Address  
**3512 SW 90TH AVENUE  
MIAMI, FL**

**50007973**



2. Principal Place of Business  
**9100 SW 21 Street**

3. Mailing Address  
**9100 SW 21 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**71-0954762**

Applied For  
Not Applicable

Zip  
**33165**

Country  
**Dade**

Zip  
**33165**

Country  
**Dade**

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

**6. Name and Address of Current Registered Agent**

**PEREZ, MAYKEL  
3512 SW 90TH AVENUE  
MIAMI, FL**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**9100 SW 21 Street**

City

**Miami**

**FL**

Zip Code

**33165**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/30/06**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **PEREZ, MAYKEL**  
STREET ADDRESS **3512 SW 90TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☒ Change ☐ Addition  
NAME **9100 SW 21 Street**  
STREET ADDRESS **Miami FL 33165**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/30/06**

Date

**786 586 7370**

Daytime Phone #