

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90070 024 \*\*\*150.00

**DOCUMENT # P04000024610**

1. Entity Name  
**CYNTHIA LA PERLA, INC.**



Principal Place of Business  
**17600 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**17600 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160**

**50065677**



2. Principal Place of Business  
**21150 Point Place  
Suite, Apt. #, etc.  
# 1705**

3. Mailing Address  
**21150 Point Place  
Suite, Apt. #, etc.  
# 1705**

08092005 Chg-P CR2E034 (10/03)

City & State  
**Aventura, FL**  
Zip  
**33180** Country  
**USA**

City & State  
**Aventura, FL**  
Zip  
**33180** Country  
**USA**

4. FEI Number  
**34-1980089** Applied For  
Not Applicable

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

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

**SCHIFFMAN, ADAM R ESQ.  
2999 N.E. 191ST STREET  
SUITE 900  
AVENTURA, FL 33180**

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

Name  
**PETER M. LOPEZ, PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 Brickell Avenue #860**  
City  
**MIAMI** FL Zip Code  
**33131**

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! FEES \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
VILAR, CONSUELO  
17600 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
FALCON, CYNTHIA  
17600 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD  
FALCON, CYNTHIA  
21150 Point Place #1705  
Aventura, FL 33180** ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #