

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047004

FILED
Apr 12, 2005
Secretary of State

Entity Name: PERRONI CORPORATION

Current Principal Place of Business:

3522 W.D. JUDGE DR.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

3522 W.D. JUDGE DR.
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 20-0869098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMUS, JOSE A
1510 E COLONIAL DR
307
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

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.

SIGNATURE: CAROLINE LARSON

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERRONI, RICHARD
Address: 3522 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32808 US

Title: DVP () Delete
Name: PERRONI, CARLOS A
Address: 3522 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32808 US

Title: DS () Delete
Name: PERRONI, MONICA
Address: 3522 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32808 US

Title: DT () Delete
Name: PERRONI, MOSES
Address: 3522 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32808 US

Title: DS (X) Delete
Name: MARTINS, PAULO E
Address: 3203 S. SEMORAN BLVD # 26
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA PERRONI

DS

04/12/2005

Electronic Signature of Signing Officer or Director

Date