2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048643

Entity Name: PEREIRA & SOARES CORPORATION

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1112 NW 14 STREET
 1926 SW 7TH PLACE

 CAPE CORAL, FL 33993
 CAPE CORAL, FL 33991

Current Mailing Address: New Mailing Address:

1112 NW 14 STREET

CAPE CORAL, FL 33993

3108 SANTABARBARA BLVD

STE 105 PMB 385

CAPE CORAL, FL 33914

FEI Number: 20-0876173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

METRO BUSINESS SOLUTIONS INC
3940 METRO PKWY
4460 CLEVELAND AVE
105
FORT MYERS, FL 33916 US
FORT MYERS, FL 33901 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: HANNA SRODA 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 SOARES, ELISAMA P
 Name:
 SOARES, ELISAMA P

 Address:
 1112 NW 14 STREET
 Address:
 1926 SW 7TH PLACE

 Address:
 1112 NW 14 STREET
 Address:
 1926 SW 7TH PLACE

 City-St-Zip:
 CAPE CORAL, FL 33993
 City-St-Zip:
 CAPE CORAL, FL 33991

() Delete Title: VD Title: VD (X) Change () Addition Name: PEREIRA, DANIEL Name: PEREIRA, DILMAR A 1112 NW 14 STREET 1926 SW 7TH PLACE Address: Address: CAPE CORAL, FL 33993 CAPE CORAL, FL 33991 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELISAMA P SOARES P 04/02/2009