

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90098 021 ***150.00

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1. Entity Name

ARMANDO PEREZ-ROURA, INC



Principal Place of Business

1688 WEST AVENUE,
APT 503
MIAMI BEACH, FL 33139

Mailing Address

1688 WEST AVENUE,
APT 503
MIAMI BEACH, FL 33139

40106156



DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1139008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ-ROURA, ARMANDO
1688 WEST AVENUE,
APT 503
MIAMI BEACH, FL 33139

**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 obligation of, registered agent.

SIGNATURE

Armando Perez-Roura
Signature, typed or printed name of registered agent and title if applicable

ARMANDO PEREZ-ROURA

(NOTE: Registered Agent signature required when reinstating)

DATE

05-01-2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PEREZ-ROURA, ARMANDO
STREET ADDRESS 1688 WEST AVENUE, APT 503
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-2007

Date

305-218-5615

Daytime Phone #