

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90118 008 ***150.00

DOCUMENT # P04000084076

1. Entity Name
CARIDAD PEREZ INC.



Principal Place of Business
**5880 SW 156 CT
MIAMI, FL 33193**

Mailing Address
**5880 SW 156 CT
MIAMI, FL 33193**

*Brooks
Change*

DO NOT WRITE IN THIS SPACE

60026943

30-0



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number **30-0282494** Applied For
~~20-0282494~~ Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, CARIDAD
5880 SW 156 CT
MIAMI, FL 33193**

*4520 SW 102 PL
MIAMI FL 33165*

**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 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!!! 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, CARIDAD 5880 SW 156 CT MIAMI, FL 33193
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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

Date

Daytime Phone #

X Caridad Perez

4/4/06