2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000093055** 04-25-2005 90262 037 ***150.00 PERŚOM CORP. Mailing Address Principal Place of Business 20871 JOHNSON ST., STE. 115 20871 JOHNSON ST., STE. 115 いまひいにゃって PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number 20-1284291 City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOMEZ GERMAN H GOMEZ, GERMAN H Street Address (P.O. Box Number is Not Acceptable) 20871 JOHNSON ST., STE. 115 PEMBROKE PINES, FL 33029 3610 YACHT CLUB DR. FL 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 far the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTION ACCORDED GONEZ GERMAN H Change 36 10 YACHT CLUB D1. \$ 91X AVENTURA, FL 33180 SCHANGE ALWAREZ AMIARO ALWAREZ AMIARO ALWAREZ AMIARO ALWAREZ AMIARO ALWAREZ AMIARO AVENTURA, FL 33180 PD TITLE C Delete TITLE GOMEZ GERMAN H NAME NAME 20871 JOHNSON ST., STE, 115 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 CITY-ST-ZIP SD TITLE Addition | TITLE Detete ALVAREZ, AMPARO NAME NAME STREET ADDRESS 20871 JOHNSON ST., STE. 115 STREET ADDRESS PEMBROKE PINES, FL 33029 CTTY-ST-ZIP CITY-ST- XP Change Addition . TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete []] Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF C Delete TITLE ing Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 a malignary, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR