
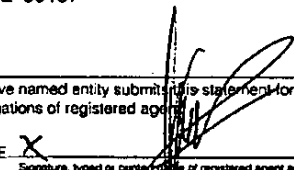
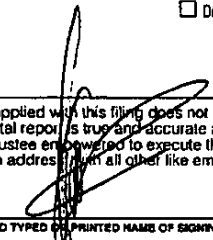


FILED
Aug 31, 2005 8:00 am
Secretary of State

07-19-2005 90037 011 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000106600			
1. Entity Name FREDDY PEREZ, CORP.			
Principal Place of Business 1860 N.W. 107TH ST. MIAMI, FL 33167		Mailing Address 1860 N.W. 107TH ST. MIAMI, FL 33167	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEREZ, FREDDY 1860 N.W. 107TH ST. MIAMI, FL 33167		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: 		DATE: 7-15-05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PEREZ, FREDDY 1860 N.W. 107TH ST. MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 an address of all other like empowered.			
SIGNATURE: 		7-15-05 (305) 953-2446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

66026754

FREDDY PEREZ, CORP.
1860 NW 107TH STREET
MIAMI, FL 33167
Reference Number: P04000106600

August 15, 2005

Florida Department of State
Division of Corporation
P.O.Box 1500
Tallahassee FL 32302-1500

Dear Secretary Of State:

Please, I would like to request penalty exemption for late payment on the Annual Report for 2005. The reason is that I did not receive a notice about it.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well.

I will really appreciate your help and consideration to this matter. Should you need additional information, you can reach me at:305-978-7554.

Sincerely,



Freddy Perez
President