

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000125966

1. Entity Name
PERAMOS ENTERPRISE, INC.



Principal Place of Business
**5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**

Mailing Address
**5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
20-1580738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMOS, EDDIE
5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**

**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 _____

Sign in cursive, typed or printed name of registered agent and the \$ applicable

(NOTE: Registered Agent signature required when installing)

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
**D
RAMOS, EDDIE
5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RAMOS, JENNIFER
5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARTI-PEREZ, SUSANA
5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PEREZ, ALFREDO
5361 NW 123RD TERRACE
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000497859
04/22/06-80071-012 150.00

**DO NOT WRITE
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: Eddie Ramos **EDDIE. RAMOS** 4-5-06 954-980-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #