2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90261 024 ***150 0

DOCUN 1. Entity Name PERFEX C		0818				04-23-2003 9	90261 024 ****15	0.00
Principal Place of Business 747 ANTONETTE AVE WINTER PARK, FL 32789 US		Mailing Address 747 ANTONETTE AVE WINTER PARK, FL 32789 US		20045	5872 Mariana	BI IIDID DIYII BAJON BIJON KIRDI A	1 17 £ 10 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number		 -	pplied For ot Applicable	
Žip	Country	Zip	Zip Country		5. Certificate o	f Status Desired	S8.75 Ad Fee Require	iditional ed
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	legistered Agent	
HII TON MI	ICHAFI			Name				i
HILTON, MICHAEL 747 ANTONETTE AVE WINTER PARK, FL 32789				Street Address (P.O. Box Number is Not Acceptable)				
				[
				City			FL Zip Coo	
the obligation	named entity submits this statement ons of registered agent. Make William Statement Granture, hyped or printed name of registered age	the		ed office or registe		, in the State of Flo	orida. I am familiar with	, and accept
	: NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con		ncing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AN		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
NAME	P HILTON, MICHAEL 747 ANTONETTE AVE	☐ Delete	, TITL Nam Stre	ì			☐ Change	☐ Addition
	WINTER PARK, FL 32789			-ST-ZIP				
NAME STREET ADDRESS	VP LAMSAL, BABITA 5106 GREAT OAKS LN SANFORD, FL 32771	☐ Delete		· 1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		— — Defete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	artify that the information supplied w	☐ Delete	CITY	EET ADORESS '-ST-ZIP	2002	Clarida Como	☐ Change	

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, with all other like empowered.

SIGNATURE: MALO HART	4/18/05	407-34138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	#Date	Daytime Phone #