

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000163346

1. Entity Name
ANTHONY CHAVEZ PEREZ INC.



Principal Place of Business
**10630 NOAH'S CIRCLE, APT. #810
NAPLES, FL 34116**

Mailing Address
**10630 NOAH'S CIRCLE, APT. #810
NAPLES, FL 34116**



03072006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1956723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, ANTHONY C
10630 NOAH'S CIRCLE, APT. #810
NAPLES, FL 34116**

**DO NOT WRITE
IN THIS SPACE**

3. 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**

**U00000480443
04/10/06-80044-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ANTHONY C 5301 23RD CT. SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARELLANES, ARMANDO 5535 JONQUIL LANE, APT. 305 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, ZAIDA PO BOX 182 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: ANTHONY CHAVEZ PEREZ Anthony Chavez Perez 3/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Signature must be

(239) 410 2757