2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/7

FILED
May 11, 2007 8:00 am
Secretary of State
04-02-2007 90064 033 ***150.00

DOCUMENT # P04000163346

1. Entity Name
ANTHONY CHAVEZ PEREZ INC.

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

03232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
106 Avenue North	106 Avenue North
Suite, Apt. #, etc.: #619	Suite, Apt. #, etc.: #619
City & State: Naples, Fl	City & State: Naples, Fl
Zip: 34108 Country: Lee	Zip: 34108 Country: Lee

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	7. Name and Address of New Registered Agent
PEREZ, ANTHONY C 10630 NOAH'S CIRCLE, APT. #810 NAPLES, FL 34116	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
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ, ANTHONY C 5301 23RD CT. SW NAPLES, FL 34116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	106 Avenue North #619 Naples, Fl 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARELLANES, ARMANDO 5535 JONQUIL LANE, APT. 305 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hobanni Mateo 16006 Harbor View, Apt 431 Naples, Fl 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ, ZAIDA PO BOX 182 ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 5/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

239 410 2757
Daytime Phone #