


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90357 043 \*\*\*150.00

<b>DOCUMENT # P04000163346</b>	
1. Entity Name <b>ANTHONY CHAVEZ PEREZ INC.</b>	

Principal Place of Business <b>106 AVENUE SOUTH #619 NAPLES, FL 34108</b>	Mailing Address <b>106 AVENUE SOUTH #619 NAPLES, FL 34108</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 182</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Estero FL</b>	City & State <b>Estero FL</b>
Zip <b>33928</b>	Country <b>Lee</b>

04112008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1956723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>PEREZ, ANTHONY C 10630 NOAH'S CIRCLE, APT. #810 NAPLES, FL 34116</b>	
<b>106 Avenue South #619 Naples, FL 34108</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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: <b>Anthony Perez</b>	DATE: <b>4-21-08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PEREZ, ANTHONY C 106 AVENUE NORTH #619 NAPLES, FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOVANY, MATEO 16005 HARBOR VIEW, APT 431 NAPLES, FL 34110</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GONZALEZ, ZAIDA PO BOX 182 ESTERO, FL 33928</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Florence R. Lopez 106 Avenue North, #619 Naples, FL 34108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.	
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SIGNATURE: <b>Anthony Perez</b>	Date: <b>4-21-08</b>	Daytime Phone #: <b>239-410-2757</b>
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