

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000163346

1. Entity Name
ANTHONY CHAVEZ PEREZ INC.



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

04-28-2008 90357 043 ***150.00

Principal Place of Business
106 AVENUE SOUTH
#619
NAPLES, FL 34108

Mailing Address
106 AVENUE SOUTH
#619
NAPLES, FL 34108

2. Principal Place of Business - No P.O. Box #
PO Box 182

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
Estero FL

Zip
33928 Country
Lee

6. Name and Address of Current Registered Agent

PEREZ, ANTHONY C
10630 NOAH'S CIRCLE, APT. #810
NAPLES, FL 34116-
**106 Avenue South
#619
Naples, FL 34108**

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 Anthony Perez DATE 4-21-08
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME PEREZ, ANTHONY C
STREET ADDRESS 106 AVENUE NORTH #619
CITY-ST-ZIP NAPLES, FL 34108

TITLE VP Delete
NAME LOVANY, MATEO
STREET ADDRESS 16005 HARBOR VIEW, APT 431
CITY-ST-ZIP NAPLES, FL 34110

TITLE S Delete
NAME GONZALEZ, ZAIDA
STREET ADDRESS PO BOX 182
CITY-ST-ZIP ESTERO, FL 33928

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04112008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1956723	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name FL	Zip Code FL
Street Address (P.O. Box Number is Not Acceptable)	
City	

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SIGNATURE Anthony Perez DATE 4-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Change Addition
NAME LOVANY, MATEO
STREET ADDRESS 16005 HARBOR VIEW, APT 431
CITY-ST-ZIP NAPLES, FL 34110

TITLE S Change Addition
NAME GONZALEZ, ZAIDA
STREET ADDRESS PO BOX 182
CITY-ST-ZIP ESTERO, FL 33928

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

4-21-08 239-40-2757
Date Daytime Phone #