

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90176 017 ***158.75

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05022005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000169017 1. Entity Name PEROTEK CORPORATION					
Principal Place of Business 5411 PINE HILLS CIRCLE ORLANDO FLORIDA, 32808			Mailing Address 5411 PINE HILLS CIRCLE ORLANDO FLORIDA, 32808		
2. Principal Place of Business 5411 PINE HILLS CIRCLE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 618037 Suite, Apt. #, etc.			
City & State ORLANDO, FL Zip 32808		City & State ORLANDO, FL Zip 32861		4. FEI Number 11-3727369 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERODIN, GAM 5411 PINE HILLS CIRCLE ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Gam Perodin</i></u> DATE: <u>05/02/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERODIN, GAM 5411 PINE HILLS CIRCLE ORLANDO, FL 32808		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALDONADO, HECTOR 1058 MILDRED DIXON WAY WINTER GARDEN, FL 34787		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PERODIN, TONIA R 5411 PINE HILLS CIRCLE ORLANDO, FL 32808		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Gam Perodin</i></u> <u>05/02/05</u> 321-251-6845 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					