2008 FOR PROFIT CORPORATION

FILED Jan 09, 2008 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # P04000170604** 1. Entity Name RAFAEL PEREZ REALTY, P.A. Principal Place of Business Mailing Address 8627 FRANJO RD. 8627 FRANJO RD. CUTLER BAY, FL 33189 CUTLER BAY, FL 33189 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2045632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, RAFAEL DO NOT WRITE 8627 FRANJO RD. CUTLER BAY, FL 33189 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 000000777232 01/09/08-80056-012 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PEREZ, RAFAEL NAME STREET ADDRESS 8627 FRANJO RD. CITY-ST-ZIP CUTLER BAY, FL 33189 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR