## 2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # P05000022637 1. Entity Name ROBERT PEREZ, INC.

Mar 03, 2008 08:00 A Secretary of State

FILED

Principal Place of Business

808 BROOKER VILLAGE CIRCLE LUTZ, FL 33548

Mailing Address

808 BROOKER VILLAGE CIRCLE

LUTZ, FL 33548



02072008 No Chg-P

CR2E034 (11/05) Applied For

4. FEI Number 20-2361531

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PEREZ, ROBERT E 808 BROOKER VILLAGE CIRCLE LUTZ, FL 33548

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
and indices, types of the mining of mining and another than the management of the mining and the					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ROBERT E 808 BROOKER VILLAGE CIRCLE LUTZ, FL 33548				
NAME STREET ADDRESS CITY-ST-ZIP					000000846285 03/18/08-80021-025 150.00
TITLE NAME					U3/15/U5~6UU21~U/5 15U.UU
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		٠.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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					