

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 043 ***150.00

DOCUMENT # P05000074820

1. Entity Name
ELSA M PEREZ, PA.



Principal Place of Business
8700 WEST FLAGLER
SUITE 165
MIAMI, FL 33174

Mailing Address
8700 WEST FLAGLER
SUITE 165
MIAMI, FL 33174

40022582



2. Principal Place of Business - No P.O. Box #
4325 E 10 Ave
Suite, Apt. #, etc.

3. Mailing Address
310 E 60 ST
Suite, Apt. #, etc.

02152007 Chg-P CR2E034 (12/06)

City & State
Hialeah, FL
Zip
33013
Country
USA

City & State
Hialeah
Zip
33013
Country
USA/Dade

4. FEI Number
20-2897856
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ELSA M
8700 WEST FLAGLER
SUITE 165
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name
Elsa M. Perez
Street Address (P.O. Box Number is Not Acceptable)
4325 E 10 Ave
City
Hialeah FL Zip Code
33013

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
PEREZ, ELSA M
8700 WEST FLAGLER #165
MIAMI, FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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PEREZ, ELSA M
8700 WEST FLAGLER #165
MIAMI, FL 33174 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-07 305-335-9243