


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 045 ***163.75

DOCUMENT # P05000166334	
1. Entity Name PERFECTION U.S.A. HOME REMODELING, INC.	

Principal Place of Business 4778 23RD TERR. SW DANIA FL	Mailing Address 4778 23RD TERR. SW DANIA FL
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2. Principal Place of Business - No P.O. Box # 2937 NW 28 WAY Suite, Apt. #, etc.	3. Mailing Address 2937 NW 28 WAY Suite, Apt. #, etc.
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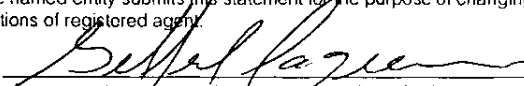
1st MOORE CR2E034 (10/06)

City & State OAKLAND PK Zip 33311 Country FL	City & State OAKLAND PK Zip 33311 Country FL
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4. FEI Number AP-PLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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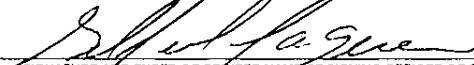
6. Name and Address of Current Registered Agent LAVIGUEUR, GILBERT 4778 23RD TERR. SW DANIA FL	7. Name and Address of New Registered Agent Name Gilbert Lavigueur Street Address (P.O. Box Number is Not Acceptable) 2937 NW 28 WAY OAKLAND PARK City FL Zip Code 33311
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8. 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  <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME LAVIGUEUR, GILBERT STREET ADDRESS 4778 23RD TERR. SW CITY-STATE-ZIP DANIA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME LAVIGUEUR Gilbert STREET ADDRESS 2937 NW 28 WAY CITY-STATE-ZIP OAKLAND PARK FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 954-605-207	Daytime Phone #
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