2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166728

PERNIEL ENTERPRISES INCORPORATED



Principal Place of Business

4248 53RD AVENUE WEST # 2.507 BRADENTON, FL 34210

Mailing Address

4248 53RD AVENUE WEST オンタッテ BRADENTON, FL 34210

FILED Mar 24, 2008 8:00 am **Secretary of State**

03-24-2008 90046 021 ***150.00



03092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4017179

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VARGAS, RAFAEL E 4248 53RD AVENUE WEST ₩2807 BRADENTON, FL 34210

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registe	ered Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS	· I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, RAFAEL E 4248 53RD AVENUE WEST # 286 BRADENTON, FL 34210	7			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARGAS, SEAN PETER P 4248 53RD AVENUE WEST # 2.80 T BRADENTON, FL 34210 S VARGAS, ALTAGRACIA 4248 53RD AVENUE WEST # 2.80 T BRADENTON, FL 34210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE					

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.

CICMATIDE.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

80/po/E