

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P06000012223 1. Entity Name LEUDES B. PEREZ, P.A.						
Principal Place of Business 10110 W. BAY HARBOR DR., SUITE 2 BAY HARBOR ISLAND, FL 33154			Mailing Address 10110 W. BAY HARBOR DR., SUITE 2 BAY HARBOR ISLAND, FL 33154			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
Country		Country		03072008 Chg-P CR2E034 (12/06)		
4. FEI Number 20-4462666				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
PEREZ, LEUDES B 10110 W. BAY HARBOR DR., SUITE 2 BAY HARBOR ISLAND, FL 33154			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL		Zip Code	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
			\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PEREZ, LEUDES B 10110 W. BAY HARBOR DR., SUITE 2 BAY HARBOR ISLAND, FL 33154		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
					000000637849 04/21/08-80036-021 150.00	
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:				03-07-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		
				Daytime Phone #		
				305 793-2677		