2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082296

Entity Name: ROSIBEL PEREZ, P.A.

City-St-Zip:

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 657 TRIANA ST WEST PALM BEACH, FL 33413 US **Current Mailing Address: New Mailing Address:** 657 TRIANA ST 657 TRIANA ST. WEST PALM BEACH, FL 333413 US WEST PALM BEACH, FL 33413 US FEI Number: 20-5035218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELENDEZ VEGA, LLC 10511 N KENDALL DR. SUITE C203 MIAMI, FL 33176 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PCFO (X) Change () Addition PEREZ, ROSIBEL Name: Name: PEREZ, ROSIBEL 657 TRIANA ST. 657 TRIANA ST. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 US City-St-Zip: WEST PALM BEACH, FL 33413 US Title: VΡ Title: () Delete () Change () Addition PEREZ. ROSIBEL Name: Name: 657 TRIANA ST. Address: Address: WEST PALM BEACH, FL 33413 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PEREZ, ROSIBEL Name: Name: 657 TRIANA ST Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 US City-St-Zip: Title: () Delete Title: () Change () Addition PEREZ, ROSIBEL Name: Name: Address: 657 TRIANA ST. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROSIBEL PEREZ PCEO 02/29/2008

WEST PALM BEACH, FL 33413 US