

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90015 017 \*\*\*558.75

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<b>DOCUMENT # P07000093524</b> 1. Entity Name <b>PERFECT CHOICES OF TAMPA, INC.</b>			
Principal Place of Business <b>8500 BELCHER RD #1007 PINELLAS PARK, FL 33781</b>		Mailing Address <b>8500 BELCHER RD #1007 PINELLAS PARK, FL 33781</b>	
2. Principal Place of Business - No P.O. Box # <b>6251 SHORELINE DR 3304</b>		3. Mailing Address <b>6251 SHORELINE DR 3304</b>	
Suite, Apt. #, etc. <b>2304</b>		Suite, Apt. #, etc. <b>2304</b>	
City & State <b>ST PETE FL</b>		City & State <b>ST PETE FL</b>	
Zip <b>33708</b>		Zip <b>33708</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>260752415</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HOLCOMB, VICTOR W 201 W ARMENIA AVE TAMPA, FL 33609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>NIEDERBERGER, NADINE O</b> STREET ADDRESS <b>8500 BELCHER RD #1007</b> CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u>Nadine Niederberger</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>July 9 2008</u> (813) 787-9010 Date Daytime Phone #	