

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

02-28-2008 90002 027 ***150.00

DOCUMENT # P07000094551 1. Entity Name AARON B PERRY INC.					
Principal Place of Business 5133 NORTH BAY ROAD MIAMI BCH FL 33140			Mailing Address 5133 NORTH BAY ROAD MIAMI BCH FL 33140		
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		
4. FEI Number 26-0753208				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, AARON B 5133 NORTH BAY ROAD MIAMI BCH FL 33140			7. Name and Address of New Registered Agent 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 date. If applicable, (MOORE) Registered Agent designation required when "changing".					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$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	AARON B PERRY PRESIDENT 5133 NORTH BAY ROAD MIAMI BCH FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AARON B. PERRY MIAMI BEACH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AMY PERRY MIAMI BEACH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5133 North Bay Road MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5133 North Bay Road MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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 appropriate form all other like empowered.					
SIGNATURE:			3/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		