

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 037 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P07000099271 | | | | | |
| 1. Entity Name PERFORMA INTERNATIONAL INC. | | | | | |
| Principal Place of Business 5086 WATERS EDGE WAY COOPER CITY, FL 33330 | | | Mailing Address 5086 WATERS EDGE WAY COOPER CITY, FL 33330 | | |
| 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 26-0845617 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name: <u>Joseph L. Arttime</u> Street Address (P.O. Box Number is Not Acceptable): <u>5086 WATERS EDGE WAY</u> <u>COOPER CITY, FL</u> <u>33330</u> City: <u>FL</u> Zip Code: <u>33330</u> | |
| 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: <u>Joseph L. Arttime</u> DATE: <u>7/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00- Due by September 12, 2008 | | 9. Election Campaign Financing <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 | DP ARTIME, JOSEPH L. 5086 WATERS EDGE WAY COOPER CITY, FL 33330 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ARTIME, YVONNE P. 5086 WATERS EDGE WAY COOPER CITY, FL 33330 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u>Joseph L. Arttime</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>7/1/08</u> | | Daytime Phone #: <u>954-880-0633</u> | |

40112464



07272008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0845617 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name: Joseph L. Arttime
 Street Address (P.O. Box Number is Not Acceptable): 5086 WATERS EDGE WAY
 COOPER CITY, FL 33330
 City: FL Zip Code: 33330

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: Joseph L. Arttime DATE: 7/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ARTIME, JOSEPH L. 5086 WATERS EDGE WAY COOPER CITY, FL 33330 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ARTIME, YVONNE P. 5086 WATERS EDGE WAY COOPER CITY, FL 33330 | <input type="checkbox"/> Delete |
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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.

SIGNATURE: Joseph L. Arttime Date: 7/1/08 Daytime Phone #: 954-880-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40112464

Note: This is not official record. See documents if question or conflict. #P07000099271

| | | |
|------------------|-----------------|----------------|
| Previous on List | Next on List | Return To List |
| No Events | No Name History | |

Entity Name Search

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To whom it may concern:

After speaking with one of your service representatives and informing them that I did not receive proper documentation of payment due. They advise me to submit letter stating the fact. And submit payment of \$150.00 excluding late fee of \$400.00.

Thank you for your assistance

Joseph A. Artime
7/28/08.