

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052525

FILED
Aug 15, 2009
Secretary of State

Entity Name: THE PERFECT ROUTE INC.

Current Principal Place of Business:

8234 SW 197TH TERRACE
MIAMI, FL 33189 US

New Principal Place of Business:

19980 SW 83RD AVENUE
MIAMI, FL 33189 US

Current Mailing Address:

8234 SW 197TH TERRACE
MIAMI, FL 33189 US

New Mailing Address:

19980 SW 83RD AVENUE
MIAMI, FL 33189 US

FEI Number: 26-2687415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, EMORY
8234 SW 197TH TERRACE
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

DAVIS, EMORY
19980 SW 83RD AVENUE
MIAMI, FL 33189 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: EMORY DAVIS

08/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, EMORY
Address: 8234 SW 197TH TERRACE
City-St-Zip: MIAMI, FL 33189 US

Title: D () Delete
Name: DAVIS, EMORY
Address: 8234 SW 197TH TERRACE
City-St-Zip: MIAMI, FL 33189 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, EMORY
Address: 19980 SW 83RD AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: D (X) Change () Addition
Name: DAVIS, EMORY
Address: 19980 SW 83RD AVENUE
City-St-Zip: MIAMI, FL 33189 US

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.

SIGNATURE: EMORY DAVIS

P

08/15/2009

Electronic Signature of Signing Officer or Director

Date