

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088262

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** JOSE CLAUDIO PEREIRA P.A.

**Current Principal Place of Business:**

440 E. SAMPLE ROAD  
203  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

440 E. SAMPLE ROAD  
204-A  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

440 E. SAMPLE ROAD  
203  
POMPANO BEACH, FL 33064

**New Mailing Address:**

440 E. SAMPLE ROAD  
204-A  
POMPANO BEACH, FL 33064

**FEI Number:** 26-3444593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: PEREIRA, JOSE CLAUDIO  
Address: 440 E. SAMPLE ROAD SUITE 204-A  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: JOSE CLAUDIO PEREIRA

PDS

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date