

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P95000025507  
 1. Entity Name  
**MAYRA VIDE-PEREZ CONSULTING & DISTRIBUTING CORP.**



**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
 600 BILTMORE WAY      600 BILTMORE WAY  
 APT.1216      APT.1216  
 CORAL GABLES, FL 33134 US      CORAL GABLES, FL 33134 US



07252008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0647837      Not Applicable

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

**6. Name and Address of Current Registered Agent**

GUEST, JAMES M PA  
 15600 SW 288 ST SUITE 201  
 HOMESTEAD, FL 33033

**DO NOT WRITE IN THIS SPACE**

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.

U000000957242  
 08/06/08-80005-018 150.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	VIDE-PEREZ, MAYRA
STREET ADDRESS	600 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	PEREZ, JULIAN
STREET ADDRESS	600 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Julian Perez* (JULIAN PEREZ)      08-02-08      305 323-5228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #