

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000025638



1. Entity Name

P.E. DESIGNS CORPORATION

Principal Place of Business

870 NW 19 AVE.
MIAMI FL 33125
US

Mailing Address

870 NW 19 AVE.
MIAMI FL 33125
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0568753

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FERRERA, PEDRO
870 NW 19TH AVE
MIAMI FL 33142

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

| | | |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PSD FERRERA, PEDRO 870 NW 19 AVE. MIAMI FL 33125 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VTD FERRERA, EMMA A 870 NW 19 AVE. MIAMI FL 33125 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | U000000712467 04/26/07-80048-007 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/07