

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90295 016 \*\*\*150.00

20042300



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P95000078075</b> 1. Entity Name <b>PEREZ FORTEZA ARCHITECTS, INC.</b>																													
Principal Place of Business <b>4831 N.W. 4TH STREET MIAMI FL 33126</b>			Mailing Address <b>4831 N.W. 4TH STREET MIAMI FL 33126</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>65-0643909</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>PEREZ, RICARDO J 4831 NW 4ST MIAMI FL 33126</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D PEREZ, RICARDO J</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4831 NW 4 ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI FL 33126</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D PEREZ, RICARDO J	<input type="checkbox"/> Delete	NAME	4831 NW 4 ST		STREET ADDRESS	MIAMI FL 33126		CITY- ST- ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY- ST- ZIP		CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date Daytime Phone #</small>																													