

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000040471

1. Entity Name
RALPH PEREZ BODY REPAIR, INC.



Principal Place of Business
7304 N NEBRASKA AVE
TAMPA, FL 33604 US

Mailing Address
7304 N NEBRASKA AVE
TAMPA, FL 33604 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3401480

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEADARDN, RIBORDY
7905 113 STREET STE 327
SEMINOLE, FL 33772

**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.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PEREZ, RALPH
STREET ADDRESS 6426 CHESHIRE CT
CITY-ST-ZIP ZEPHYRHILLS, FL 33544

TITLE D
NAME PEREZ, DEBRA
STREET ADDRESS 6426 CHESHIRE CT
CITY-ST-ZIP ZEPHYRHILLS, FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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01/10/08-80037-013 150.00

**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:

Debra Perez D Debra Perez D

1-8-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #