

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000093913

1. Entity Name

MR. P'S PLACE, INC. ✓



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 7:40

Principal Place of Business

2001 NORTHWEST 191ST STREET
MIAMI, FL 33056

Mailing Address

2001 NORTHWEST 191ST STREET
MIAMI, FL 33056



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0710464

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERKINS, JAMES E
2001 NORTHWEST 191ST STREET
MIAMI, FL 33056

**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

000132922480
07/15/08--01007--019 **158.75

**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 D
NAME PERKINS, JAMES E
STREET ADDRESS 2001 NORTHWEST 191ST STREET
CITY-ST-ZIP MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
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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:

J. E. Perkins James E. Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 305-628-0513
Date Daytime Phone #