



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000001494					
1. Entity Name THE PERFECT IMAGE GROUP OF COMPANIES, INC.					
Principal Place of Business 10544 PEBBLE COVE LANE BOCA RATON FL 33498			Mailing Address 10544 PEBBLE COVE LANE BOCA RATON FL 33498		
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 65-0717037	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRENO, JAIME 10544 PEBBLE COVE LANE BOCA RATON FL 33498			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD CARRENO, NHORA L 10544 PEBBLE COVE LANE BOCA RATON FL 33498		TITLE NAME STREET ADDRESS CITY ST ZIP	000000602527 01/26/07-80093-010 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD CARRENO, JAIME 10544 PEBBLE COVE LANE BOCA RATON FL 33498		TITLE NAME STREET ADDRESS CITY ST ZIP	_____	
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TITLE NAME STREET ADDRESS CITY ST ZIP	_____		TITLE NAME STREET ADDRESS CITY ST ZIP	_____	
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: 			JAIME CARRENO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: JANUARY 22, 2007		
_____			(561) 393-0055		

