

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048989

Entity Name: PATRICIA L. PEREZ, P.A.

FILED  
Feb 10, 2009  
Secretary of State

## Current Principal Place of Business:

2222 PONCE DE LEON BLVD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

250 COCOPLUM ROAD  
CORAL GABLES, FL 33143

## Current Mailing Address:

2222 PONCE DE LEON BLVD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134

## New Mailing Address:

250 COCOPLUM ROAD  
MIAMI, FL 33143

FEI Number: 65-0794072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, PATRICIA L  
2222 PONCE DE LEON LEON  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PEREZ, PATRICIA L  
250 COCOPLUM ROAD  
MIAMI, FL 33143 US

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.

SIGNATURE: PATRICIA L. PEREZ

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: PEREZ, PATRICIA L  
Address: 250 COCOPLUM ROAD  
City-St-Zip: CORAL GABLES, FL 331436407

Title: D ( ) Delete  
Name: PEREZ, PATRICIA L  
Address: 250 COCOPLUM ROAD  
City-St-Zip: CORAL GABLES, FL 331436407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. PEREZ

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date