

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90998 018 ***150.00

DOCUMENT # P98000001935

1. Entity Name
CARDONA PEREZ INVESTMENTS, INC.



Principal Place of Business
7310 W MCNAB ROAD
STE 208
TAMARAC, FL 33321

Mailing Address

7310 W MCNAB ROAD
STE 208
TAMARAC, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0806862	Applied For <input type="checkbox"/>
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDONA, JOHN J
7310 W MCNAB ROAD
STE 208
TAMARAC, FL 33321

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CARDONA, JOHN J
STREET ADDRESS 9147 RAMBLEWOOD DR.,APT.234
CITY-ST-ZIP CORAL GABLES, FL 33071

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date Daytime Phone #