2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State
05-02-2006 90223 009 ***150.00

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1. Entity Name

SYLVIO PERDOMO, INC.

Principal Place of Business	Mailing Address
JACKSONVILLE ORANGE PARK FL 32003 US	1620 ROYAL FERN LN ORANGE PARK FL 32003 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
ORANGE PARK, FL.	1620 ROYAL FERN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK, FL	City & State
Zip: 32003 Country: USA	Zip Country

4. FEI Number 31-1610846 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERDOMO, SYLVIO
1620 ROYAL FERN LANE
ORANGE PARK FL 32003

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 ______________________

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PERDOMO, SYLVIO	
STREET ADDRESS	1620 ROYAL FERN LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	VPD	☐ Delete
NAME	BECERRA, MARIA TERESA	
STREET ADDRESS	1620 ROYAL FERN LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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: ______________________ 6/7/06 (904) 2152795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #