
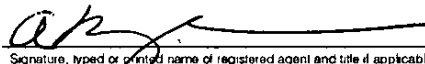
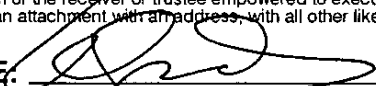


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90171 036 ***150.00

DOCUMENT # P98000046218 1. Entity Name PEREZ AND ASSOCIATES OF SEBASTIAN, FL., INC																																																					
Principal Place of Business 1317 N CENTRAL AVE SEBASTIAN FL 32958 9650 MOCKINGBIRD LN MICCO, FL 32976		Mailing Address 1317 N CENTRAL AVE SEBASTIAN FL 32958 9650 MOCKINGBIRD LN MICCO, FL 32976																																																			
2. Principal Place of Business 9650 MOCKINGBIRD LN Suite, Apt. #, etc.		3. Mailing Address 9650 MOCKINGBIRD LN Suite, Apt. #, etc.																																																			
City & State MICCO FL Zip 32976		City & State MICCO, FL Zip 32976		Country USA																																																	
Country USA		4. FEI Number 65-0839543																																																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent PEREZ, A.L. JR 1317 N CENTRAL AVE SEBASTIAN FL 32958 9650 MOCKINGBIRD LN MICCO, FL 32976			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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> P PEREZ, JR., A.L. 1317 N CENTRAL AVE SEBASTIAN FL 32958 9650 MOCKINGBIRD LN MICCO, FL 32976 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, JR., A.L. 1317 N CENTRAL AVE SEBASTIAN FL 32958 9650 MOCKINGBIRD LN MICCO, FL 32976	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete																					
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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: 			Date 4-21-05																																																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 772 664-5480																																																		