

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90187 035 ***150.00

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04212005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0918448** Applied For
No Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, AKREM A
401 BISCAYNE BLVD
#43 BAYSIDE MARKET PLACE
MIAMI, FL 33132

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PEREZ, ALBERTO 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD PEREZ, AKREM A 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD ALONSO, CLEMENTINA 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD CLAYTON, STEVEN D 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: *Alberto Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

Date

Daytime Phone #