


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

| | | |
|---|--|---|
| DOCUMENT # P99000047610 | |  |
| 1. Entity Name PERRINE 9911, INC. | | |
| Principal Place of Business 10740 SW 24 ST. MIAMI, FL 33165 | Mailing Address PO BOX 55-8365 MIAMI, FL 33255 | |



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 65-0920974 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent ALONSO, ENRIQUE JR. 10740 SW 24 ST. MIAMI, FL 33165 | DO NOT WRITE IN THIS SPACE |
|--|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) 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-ST-ZIP | D ALONSO, ENRIQUE JR. 10740 SW 24 ST. MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALONSO, GRISEL 10740 SW 24 ST. MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALONSO, ELENA 10740 SW 24 ST. MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/19/05-80020-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elena Alonso 2/19/05 305-226-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #