

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90021 010 \*\*\*150.00

<b>DOCUMENT # P99000047610</b>					
<b>1. Entity Name</b> PERRINE 9911, INC.					
<b>Principal Place of Business</b> 10740 SW 24 ST. MIAMI, FL 33165			<b>Mailing Address</b> PO BOX 55-8365 MIAMI, FL 33255		
<b>2. Principal Place of Business - No P.O. Box #</b> 10748 SW 24 ST		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0920974	
<b>Zip</b> 33165		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ALONSO, ENRIQUE JR. 10740 SW 24 ST. MIAMI, FL 33165			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 10748 SW 24 STREET City Miami FL Zip Code 33165		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ALONSO, ENRIQUE JR. 10740 SW 24 ST. MIAMI, FL 33165	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	10748 SW 24 ST Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ALONSO, GRISEL 10740 SW 24 ST. MIAMI, FL 33165	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	10748 SW 24 ST Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/28/07 Date		
			3052263050 Daytime Phone #		