
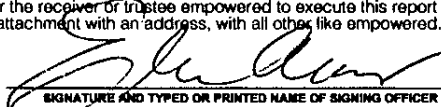


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000047610 1. Entity Name PERRINE 9911, INC.			
Principal Place of Business 10748 SW 24 ST. MIAMI, FL 33165		Mailing Address PO BOX 55-8365 MIAMI, FL 33255	
01152008 No Chg-P CR2E034 (11/05)		4. FEI Number 65-0920974	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			
ALONSO, ENRIQUE JR. 10748 SW 24 ST. MIAMI, FL 33165			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000815161 02/13/08-80072-024 150.00	
TITLE	D		
NAME	ALONSO, ENRIQUE JR.		
STREET ADDRESS	10748 SW 24TH STREET		
CITY - ST - ZIP	MIAMI, FL 33165		
TITLE	D		
NAME	ALONSO, GRISEL		
STREET ADDRESS	10748 SW 24TH STREET		
CITY - ST - ZIP	MIAMI, FL 33165		
TITLE	D		
NAME	ALONSO, ELENA		
STREET ADDRESS	10748 SW 24TH STREET		
CITY - ST - ZIP	MIAMI, FL 33165		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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 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.			
SIGNATURE: 		1/18/08 305-226-3050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELENA ALONSO		Date Daytime Phone #	