

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000051838 1. Entity Name LASER PERFECTION, INC.					
Principal Place of Business 17011 PINES BLVD. PEMBROKE PINES FL 33027			Mailing Address 17011 PINES BLVD. PEMBROKE PINES FL 33027		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0923550	
5. Certificate of Status Desired ☐				Applied Fee ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINSON, MARTIN 11533 S. DIXIE HWY. MIAMI FL 33156				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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	RAMOS, CATHERINE E				
STREET ADDRESS	17011 PINES BLVD.				
CITY-ST-ZIP	PEMBROKE PINES FL 33027				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
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CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information.					
SIGNATURE: _____ 3/1/06 954 441/9700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					