


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 017 \*\*\*155.00

**DOCUMENT # S61698**

1. Entity Name  
**PERRINE FOOD RETAILERS, CORP.**



Principal Place of Business <b>13155 IXORA COURT          SUITE 702          MIAMI FL 33181</b>	Mailing Address <b>13155 IXORA COURT          SUITE 702          MIAMI FL 33181</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>11804 NW 10 AVE.</b> Suite, Apt. #, etc.	3. Mailing Address <b>13155 IXORA CT</b> <b># 702</b> Suite, Apt. #, etc.
--	--

2nd MOORE CR2E034 (4/08)

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0277102</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---------------------------------	------------------------------------	--

Zip <b>33168</b>	Country <b>USA</b>	Zip <b>33168</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---------------------	-----------------------	---------------------	-----------------------	---

6. Name and Address of Current Registered Agent <b>DUGUESNE, IGNACIO          1701 SW 99 PL          MIAMI FL 33165</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

<b>FILE NOW!!! FEE IS \$550.00          DUE BY September 3, 2008          Make Check Payable to Florida Department of State</b>	S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME BORRERO, JOHN STREET ADDRESS 201 178 DR CITY-ST-ZIP SUNNY ISLES BEACH FL 33160
TITLE D <input type="checkbox"/> Delete	NAME BORRERO, VINCENT R. STREET ADDRESS 13155 IXORA CT CITY-ST-ZIP MIAMI FL 33181
TITLE <input type="checkbox"/> Delete	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME  STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: Vincent Borrero **7/12/08-305 6876999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40111270

# 561698

7/12/08.

Perrie Foods Corp.  
11814 NW 10th AVE.  
MIAMI FL 33168.

11814 NW 10th AVE Point Loochy.

Request to work late  
freeze. because we did not  
earn on time. we got  
them few days ago.

Thylys  
Vicki Barrera  
Allen