

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000103856

**Entity Name:** PERFECT DRAWER INC.

**Current Principal Place of Business:**

C/O SCHEHEREZADE MARLES  
1680 SW 139 AVE  
DAVIE, FL 33325

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC9717204505**

**Current Mailing Address:**

C/O SCHEHEREZADE MARLES  
1680 SW 139 AVE  
DAVIE, FL 33325 US

**FEI Number: 26-3836730**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LICUL, OLIVER  
C/O SCHEHEREZADE MARLES  
1680 SW 139 AVE  
DAVIE, FL 33325 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DP  
Name            MARLES, SCHEHEREZADE  
Address        C/O SCHEHEREZADE MARLES  
                  1680 SW 139 AVE  
City-State-Zip: DAVIE FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SCHEHEREZADE MARLES**

**P**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date