

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000032941

**Entity Name:** ARMANDO PEREZ PA

**Current Principal Place of Business:**

4929 SCENIC VISTA DR  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

4929 SCENIC VISTA DR  
SAINT CLOUD, FL 34771 US

**FEI Number:** 22-3974436

**Certificate of Status Desired:** No

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

PEREZ, ARMANDO  
4929 SCENIC VISTA DR  
SAINT CLOUD, FL 34771 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 P  
Name PEREZ, ARMANDO  
Address 4929 SCENIC VISTA DR  
City-State-Zip: SAINT CLOUD FL 34771

*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:** ARMANDO PEREZ,PA

P

01/09/2014

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

\_\_\_\_\_  
Date