

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000040144

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**4415748359CC**

**Entity Name:** PERK INVESTMENTS, CORP.

**Current Principal Place of Business:**

16445 COLLINS AVE.  
APT. WS-6B  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16445 COLLINS AVE.  
APT. WS-6B  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 46-5606885

**Certificate of Status Desired:** No

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

MLP FINANCIAL GROUP INC  
6303 BLUE LAGOON DR  
SUITE 320  
MIAMI, FL 33126 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 GOLDRING, SARA SILVIA  
Address 16445 COLLINS AVE #WS-6B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name CUKIER SOLNICA, MAURICIO  
Address 16445 COLLINS AVE #WS-6B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name CUKIER, MARCOS JACOBO  
Address 16445 COLLINS AVE.  
APT. WS-6B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name CUKIER, DANIEL  
Address 16445 COLLINS AVE.  
APT. WS-6B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name CUKIER, DARIO GUSTAVO  
Address 16445 COLLINS AVE.  
APT. WS-6B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name CUKIER, MARTIN  
Address 16445 COLLINS AVE.  
APT. WS-6B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** SARA SILVIA GOLDRING

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04/26/2019

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

\_\_\_\_\_  
Date