


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000086576**

1. Entity Name  
**PEEKY AMERICA, INC.**



Principal Place of Business <b>2801 N.W. 74TH AVE.          SUITE #201          MIAMI, FL 33122</b>	Mailing Address <b>2801 N.W. 74TH AVE.          SUITE #201          MIAMI, FL 33122</b>
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**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1038583</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DE S. FARIA, LUIS CARLOS  
 2801 NW 74TH AVE #201  
 MIAMI, FL 33122**

**DO NOT WRITE IN THIS SPACE**

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 reissuing)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000170171  
 08/16/04-80004-014 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO S. DE FARIA, LUIS CARLOS 2801 NW 74TH AVE #201 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLS, IAN C 2801 N.W. 74TH AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMA PRIETO, DANIELLE N 1918 SW 3RD AVE. #A MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **08/10/04** (85) 513-4727  
Daytime Phone #