


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90424 007 ***150.00

DOCUMENT # P01000094236 1. Entity Name Peru Place Restaurant, Inc.	
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DO NOT WRITE IN THIS SPACE

40074294


2. Principal Place of Business 4579 NW 36th St Suite, Apt. #, etc.	3. Mailing Address PO Box 592512 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami Spring, FL	City & State Miami, FL	4. FEI Number 06-1631561	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country Miami-Dade	Zip 33159	Country Miami-Dade

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Mimbela Sonia		
	Street Address (P.O. Box Number is Not Acceptable) 4579 NW 36th St		
City Miami Spring, FL		Zip Code 33166	

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.

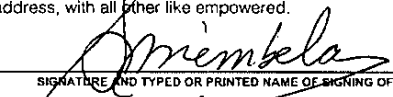
SIGNATURE:  DATE: **03/24/05**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mimbela Sonia / President 4579 NW 36th St Miami Spring, FL 33166	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 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **03/24/05**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034B (12/02)