


FILED
Apr 19, 2005 8:00 am
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

02-28-2005 90210 032 ***150.00

| | | |
|---|--|--|
| DOCUMENT # P04000110199 1. Entity Name 421 PERUVIAN AVENUE, INC. | |  |
| Principal Place of Business 1107 N OLIVE AVE W PALM BEACH, FL 33401 | | Mailing Address 1107 N OLIVE AVE W PALM BEACH, FL 33401 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |
| 4. FEI Number 55-0878081 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent BYRD, WADE R 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.</small> | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00. | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete President William D. Elias 1107 N. Olive Ave. W.P.B., FL 33401 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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 power-like empowered. | | |
| SIGNATURE: <u>W. Elias</u> | | Date: Feb 15/05 561-655 937 |

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