


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000110199
 1. Entity Name
 421 PERUVIAN AVENUE, INC.



Principal Place of Business Mailing Address
 1107 N OLIVE AVE 1107 N OLIVE AVE
 W PALM BEACH, FL 33401 W PALM BEACH, FL 33401



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 55-0878081 Not Applicable

5. Certificate of Status Desired \$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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELIAS, WILLIAM D
STREET ADDRESS	1107 NORTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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 exemptions contained in Chapter 119, 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: _____ 4/4/06 Date Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR