## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED** Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # P06000040490  1. Entity Name PERISYLU FINANCIAL SERVICES, INC.				07-09-2007 90050 034 ***158.75
Principal Plac	e of Business	Mailing Address		
906 SE 30TH ST.		906 SE 30TH ST. CAPE CORAL, FL 33904		
Principal Place of Business - No P.O. Box #     3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07022007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
GONZALEZ, PEDRO L 5588 WEST 17 COURT 906 SE 30 Street HIALEAH, FL 33012 Cape Coral, FC 33904			ress (P.O. Box Murpher is Not Acceptable)	
<del>niacean,</del>	Cape Con	il, Fe 33904		
		<del></del>	PO) io	re Corol FL 33904
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or legistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</li> </ol>				
SIGNATURE				
FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)( Corporation did not receive the principle.				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P CONTALEZ DEDDO I	Delete	TITLE	Change Addition
NAME STREET ADDRESS	GONZALEZ, PEDRO L 5588 WEST 17 COURT		NAME STREET ADDRESS G	Sonzalez, fedro L. 106 SE 30 Street
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	boe Coral FL 33904
TITLE	VPST	☐ Delete	TITLE \	PChange Addition
NAME STREET ADDRESS	GONZALEZ, RIZEIDA I 5588 WEST 17 COURT		NAME STREET ADDRESS (	Sonzalez Rizeida
CITY-ST-ZIP	HIALEAH, FL 33012			106 se 30 street 100e (Vicil Fi. 33904
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
indicated	on this report or supplemental report is	true and accurate and that m	ny signature shall have	tained in Chapter 119, Florida Statutes. I further certify that the information e 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: PROPERTY AND REPORT ASSISTANCE OF BIGNING OFFICER OR DIRECTOR DAME OF BIGNING OFFICER OR DIRECTOR				