

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 006 ***150.00

DOCUMENT # 139080	
1. Entity Name PERUVIAN AVENUE CORPORATION	

Principal Place of Business P.O. BOX 2561 PALM BEACH FL 33480	Mailing Address P.O. BOX 2561 PALM BEACH FL 33480
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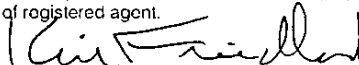


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-0967610		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, P.A. REID & ZOBEL, PA 222 LAKEVIEW AVE STE 1160 NORTH PALM BEACH FL 33408		7. Name and Address of New Registered Agent Name Kirk Friedland Street Address (P.O. Box Number is Not Acceptable) 505 S. FLAGLER DR, #1330 City W. PALM BEACH FL Zip Code 33401

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.

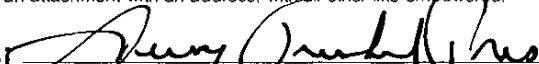
SIGNATURE  DATE **3/20/07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOLZER, JANE 23 EAST 74TH STREET NEW YORK NY 10021 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D T Holzer, JANE 41 E. 65th STREET New York, NY 10021 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T MAUS, JOHN 312 WORTH AVE PALM BEACH FL 33480 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Handelsman, Burton Box 28, Gedney STATION White PLAINS, NY 10605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S SMYTHE, MARTHA 504 PINTO CR. WELLINGTON FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P Frankel, Sherry 256 WORTH AVENUE PALM BEACH, FL 33480 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Maddock, PAUL L., JR. 375 South County Road, # 205 PALM BEACH, FL 33480 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D V HANDELSMAN, STEVEN Box 28, Gedney STATION White PLAINS, NY 10605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D murphy, michael F. 876 CENTENNIAL AVENUE PISCATAWAY, N.J. 08854 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  DATE **3/20/07** 561-655-8200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR