


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

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 (10/07)

4. FEI Number 59-0967610		<input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
FRIEDLAND, KIRK 505 S FLAGLER DR #1330 WEST PALM BEACH FL 33401		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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when removing agent) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DT <input type="checkbox"/> Delete	NAME HOLZER, JANE	TITLE	NAME U000000867199 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/08/08-80057-016 150.00
STREET ADDRESS 41 E 65TH STREET	CITY-ST-ZIP NEW YORK NY 10021	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME HANDELSMAN, BURTON	TITLE	NAME
STREET ADDRESS BOX 28, GADNEG STATION	CITY-ST-ZIP WHITE PLAINS NY 10605	STREET ADDRESS	CITY-ST-ZIP
TITLE S <input type="checkbox"/> Delete	NAME SMYTHE, MARTHA	TITLE	NAME
STREET ADDRESS 504 PINTO CR.	CITY-ST-ZIP WELLINGTON FL 33414	STREET ADDRESS	CITY-ST-ZIP
TITLE P <input type="checkbox"/> Delete	NAME FRANKEL, SHERRY	TITLE	NAME
STREET ADDRESS 256 WORTH AVE	CITY-ST-ZIP PALM BEACH FL 33480	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME MADDOCK, PAUL L SR	TITLE	NAME
STREET ADDRESS 175 S COUNTY RD #205	CITY-ST-ZIP PALM BEACH FL 33480	STREET ADDRESS	CITY-ST-ZIP
TITLE DV <input type="checkbox"/> Delete	NAME HANDELSMAN, STEVEN	TITLE	NAME
STREET ADDRESS BOX 28 GEDNEY STATION	CITY-ST-ZIP WHITE PLAINS NY 10605	STREET ADDRESS	CITY-ST-ZIP

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: *Martina Smythe* *Martina Smythe* *0319-08* *021-793-1148*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No.