


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90241 050 \*\*\*150.00

**DOCUMENT # 348039**  
 1. Entity Name  
**PEKA INVESTMENTS CORPORATION**



Principal Place of Business: **169 E. FLAGLER ST. STE. 827 MIAMI FL 33131 US**  
 Mailing Address: **169 E. FLAGLER ST. STE. 827 MIAMI FL 33131 US**  
*SEE NEW ↓*



2. Principal Place of Business - No P.O. Box #: **5800 S. LEJEUNE RD**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **5800 S. LEJEUNE RD**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: **CORAL GABLES FL**  
 Zip: **33146** Country: **USA**

4. FEI Number: **59-1295449**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATZ (JOSE)**  
**169 E. FLAGLER ST.**  
**STE. 827**  
**MIAMI FL 33131**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when changing office)  
 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:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATZ, JOSE 169 FLAGLER ST., STE. 827 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose Katz* **JOSE KATZ** **04/16/08** **786-202-1770**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR