

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2009  
Secretary of State**

DOCUMENT# 769362

Entity Name: 249 PERUVIAN BUILDING, INC. A NON-RESIDENTIAL CONDOMINIUM

**Current Principal Place of Business:**

C/O ROBERT WYNER  
249 PERUVIAN AVE  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

270 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**New Mailing Address:**

FEI Number: 59-2373713      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, DORIS  
270 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WYNER, ROBERT  
Address: 249 PERUVAN AVENUE SUITE F-5  
City-St-Zip: PALM BEACH, FL 33480

Title: DS ( ) Delete  
Name: BABYATSKY, MARVIN DR  
Address: 249 PERWILAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: DT ( ) Delete  
Name: HOPKINS, RANDY  
Address: P.O. BOX 69  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WYNER

DP

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date