

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90072 017 ***158.75

DOCUMENT # F00000005516 1. Entity Name CIELOS DEL PERU, S.A.			
Principal Place of Business P.O. BOX 522300 MIAMI, FL 33152		Mailing Address 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL 33134	
2. Principal Place of Business Avenida Elmer Faucett Suite, Apt. #, etc. #4800, Oficina 17 City & State Callao, Peru Zip 33126		3. Mailing Address 1851 N W 68 Avenue Suite, Apt. #, etc. Bldg. 706, Suite 225 City & State Miami, Florida Zip 33126	
4. FEI Number 52-2216589		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 PRATS, GABRIEL 2121 PONCE DE LEON BLVD #240 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMERO, ORESTES AVENIDA ELMER FAUCETT 4800, OFICINA 17 CALLOA PURU, [U 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Smith, Stephen:William Avda. Elmer Faucett #4800 Ofc 17 Callao, Peru
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILES, PATRICIA AVENIDA ELMER FAUCETT 4800, OFICINA 17 CALLAO PERU,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO Gonzalez, George Avda Elmer Faucett #4800, Ofc. 17 Callao, Peru
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNIZON, FRANCISO AVE. ELMER FAUCETT 4800 N. 17 CALLAO PERU, PU 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTESANO, MARCOS AVE. ELMER FAUCETT 4800 N. 17 CALLAO PERU,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Orestes Romero <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/1/06 <small>Date</small>	
(Empty)		(305-871-0130) <small>Daytime Phone #</small>	