

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN 20 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06022006 Chg-P CR2E034 (11/05)

DOCUMENT # F00000005516

1. Entity Name
CIELOS DEL PERU, S.A.



Principal Place of Business
AVENIDA ELMER FAUCETT
4800, OFICINA 17
CALLAO, PE

Mailing Address
1851 NW 68TH AVE
BLDG 706, STE 225
MIAMI, FL 33126

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
52-2216589

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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 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 reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME ROMERO, ORESTES STREET ADDRESS AVENIDA ELMER FAUCETT 4800, OFICINA 17 CITY-ST-ZIP CALLOA PURU, [U 00000	<input type="checkbox"/> Delete	P NAME ROMERO, ORESTES STREET ADDRESS AVE. ELMER FAUCETT 4800, OFI.17 CITY-ST-ZIP CALLAO PERU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME SILES, PATRICIA STREET ADDRESS AVENIDA ELMER FAUCETT 4800, OFICINA 17 CITY-ST-ZIP CALLAO PERU,	<input type="checkbox"/> Delete	300076718593 06/29/06--01047--022 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME CALLAO, PERU STREET ADDRESS AVE. ELMER FAUCETT 4800 N. 17 CITY-ST-ZIP CALLAO PERU, PU 00000	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME MONTESANO, MARCOS STREET ADDRESS AVE. ELMER FAUCETT 4800 N. 17 CITY-ST-ZIP CALLAO PERU,	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CFO NAME SMITH, STEPHEN W STREET ADDRESS AVDA. ELMER FAUCETT, # 4800 OFC 17 CITY-ST-ZIP CALLAO, PE	<input type="checkbox"/> Delete	TD NAME SMITH, STEPHEN W. STREET ADDRESS AVE. ELMER FAUCETT 4800, OFI.17 CALLAO, PERU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CCO NAME GONZALEZ, GEORGE STREET ADDRESS AVDA ELMER, FAUCETT, # 4800 OFC 17 CITY-ST-ZIP CALLAO, PE	<input checked="" type="checkbox"/> Delete	SC 6/22	<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 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: STEPHEN W SMITH JUNE 5/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #