

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004801

1. Entity Name
PEERAPP (US), INC.



Principal Place of Business
375 ELIOT ST. SUITE 150K
NEWTON UPPER FALLS, MA 02464

Mailing Address
375 ELIOT ST. SUITE 150K
NEWTON UPPER FALLS, MA 02464



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2827844

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
CP
MAYER, ROBERT
375 ELIOT STREET, STE 150K
NEWTON UPPER FALLS, MA 02464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOD
HAZAN, YOSHI
375 ELIOT STREET STE 150K
NEWTON UPPER FALLS, MA 02464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CHILDS, FRANK
375 ELIOT STREET, STE 150K
NEWTON UPPER FALLS, MA 02464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/21/08-80054-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yossi Hazan, CFO

2-28-07

Date

617-795-0977

Daytime Phone #