


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**50024580**

DOCUMENT · F61904	
1. Entry Name PERSAL, INC.	

Principal Place of Business % ALBERTO J. PARLADE 7050 S.W. 86 TH AVE MIAMI, FL 33143	Mailing Address % ALBERTO J. PARLADE 7050 S.W. 86 TH AVE MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**

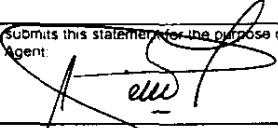
02082005    No Chg-P    CR2EQ34 (10/03)	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J ESQ  
7050 S.W. 86 TH AVE  
MIAMI, FL 33143

**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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

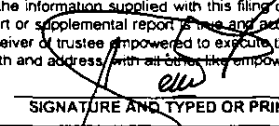
<b>FILE NOW!!! FEE IS \$150.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>After May 1, 2005 Fee will be \$550.00</b>		

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PEREZ, MARIA H
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11
CITY-ST-ZIP	QUITO, ECUADOR
TITLE	PD
NAME	PEREZ, ALVARO
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11
CITY-ST-ZIP	QUITO, ECUADOR
TITLE	S
NAME	PEREZ, ALEXANDRA
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11
CITY-ST-ZIP	QUITO, ECUADOR
TITLE	T
NAME	PEREZ-ALVARO S
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11
CITY-ST-ZIP	QUITO, ECUADOR
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), 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 and address with all other like empowered.

SIGNATURE:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #