2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K25193

1. Entity Name
PEREDA ENTERPRISES, INC.

FILED
Mar 29, 2007 08:00 A
Secretary of State

Principal Place of Business	Mailing Address
501 SW 109 AVE	501 SW 109 AVE
MIAMI, FL 33174	MIAMI, FL 33174

03232007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0053274		Not Applicable

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

6. Name and Address of Current Registered Agent

PEREDA, JUAN M
501 SW 109TH AVE
MIAMI, FL 33174

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREDA, JUAN MANUEL
STREET ADDRESS	501 SW 109TH AVE
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80053-025 150.00

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: X _Juan M Pereda_   3/22/07 (305) 226-0456

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