

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54282

Entity Name: PEAK ELECTRONICS, INC.

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

7599 A N.W. 7 STREET
BOX 3
MIAMI, FL 33126 US

Current Mailing Address:

7599 A NW 7 ST
BOX 3
MIAMI, FL 33126 US

FEI Number: 65-0091589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, JOSE NOEL JR
13975 SW 42ND TERR.
MIAMI, FL 33175 US

New Principal Place of Business:

7255 NW 68 STREET
8
MIAMI, FL 33166 US

New Mailing Address:

7255 NW 68 STREET
8
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, JOSE NOEL J, R
Address: 13975 SW 42 TERR
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: ALVAREZ, JOSE NOEL,
Address: 9971 SW 14 TERR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE NOEL ALVAREZ

PD

01/23/2007

Electronic Signature of Signing Officer or Director

_____ Date