

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K81214

Entity Name: PERUSA, INC.

**FILED**  
**Jun 15, 2005**  
**Secretary of State****Current Principal Place of Business:**8386 NW 56 ST  
MIAMI, FL 33166 US**New Principal Place of Business:****Current Mailing Address:**8386 NW 56 ST  
MIAMI, FL 33166 US**New Mailing Address:**

FEI Number: 65-0152921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**GAVIDIA, FELIX F RA  
8386 NW 56 ST  
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

**OFFICERS AND DIRECTORS:**Title: V ( ) Delete  
Name: TERRONES, IRIS O V  
Address: 10097 NW 55 TR  
City-St-Zip: MIAMI, FL 33178 USTitle: P ( ) Delete  
Name: SEGA, CARMEN P  
Address: 3201 NW 103 TR.  
City-St-Zip: SUNRISE, FL 33351 USTitle: D (X) Delete  
Name: ACOSTA, LUCIO W D  
Address: ARTURO DURAY 158  
City-St-Zip: LIMA - PERU, LI 19 PETitle: D (X) Delete  
Name: GAVIDIA, MIGUEL A D  
Address: FLAT B 26/F, TOWER 125, 11PO YAN ST.  
City-St-Zip: SHEUNG WAN, HK 33016 HK**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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 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 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: FELIX F. GAVIDIA

RA

06/15/2005

Electronic Signature of Signing Officer or Director

Date