

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000009236**

1. Entity Name  
**PERU NET REAL ESTATE DEVELOPERS, LLC**



**Principal Place of Business**

**14936 SW 104 ST  
23  
MIAMI, FL 33196**

**Mailing Address**

**14936 SW 104 ST  
23  
MIAMI, FL 33196**



03222004 No Chg-LLC

C R2E0E 3 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1124658**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$ 5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEONARDO, JOSE J ESQ.  
12515 N. KENDALL DRIVE SUITE 222  
MIAMI, FL 33186**

**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.

SIC NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000096466  
03/25/04-80031-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE SOSA, JUAN 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOS, RAFAEL 14936 SW 104TH STREET # 23 MIAMI, FL 33196
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**RAFAEL RIOS, MANAGER**

**MAR. 22. 04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day me Phone #