

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # L01985

1. Entity Name

PELI, INC.



Principal Place of Business

10101 COLLINS AVENUE  
#11F  
BAL HARBOR FL 33154  
US

Mailing Address

10101 COLLINS AVENUE  
#11F  
BAL HARBOR FL 33154  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0156460

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

TACHER, PERLA  
10101 COLLINS AVENUE  
#11F  
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Perla Tacher*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME TACHER, PERLA  
STREET ADDRESS 10101 COLLINS AVENUE, #11F  
CITY-ST-ZIP BAL HARBOR FL 33154

TITLE VPS ☐ Delete  
NAME TACHER, SARA  
STREET ADDRESS 10101 COLLINS AVENUE, #11F  
CITY-ST-ZIP BAL HARBOR FL 33154

TITLE D ☐ Delete  
NAME TACHER, DAVID  
STREET ADDRESS 10101 COLLINS AVENUE, #11F  
CITY-ST-ZIP BAL HARBOR FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1000000031955  
CITY-ST-ZIP 02/04/04-80171-001 158.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

*Perla Tacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/2004

Daytime Phone \*

305/866-5662