


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 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 Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
-------------------------	-------------------------

Zip	Country	Zip	Country
------------	----------------	------------	----------------



4. FEI Number 65-0156460	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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 <u>Perla Tacher</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE <u>Jan-30-2005</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table border="1"> <tr> <td>TITLE PT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME TACHER, PERLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS 10101 COLLINS AVENUE, #11F</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP BAL HARBOR FL 33154</td> <td></td> </tr> </table>	TITLE PT	<input type="checkbox"/> Delete	NAME TACHER, PERLA		STREET ADDRESS 10101 COLLINS AVENUE, #11F		CITY- ST- ZIP BAL HARBOR FL 33154		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE PT	<input type="checkbox"/> Delete																
NAME TACHER, PERLA																	
STREET ADDRESS 10101 COLLINS AVENUE, #11F																	
CITY- ST- ZIP BAL HARBOR FL 33154																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
<table border="1"> <tr> <td>TITLE VPS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME TACHER, SARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS 10101 COLLINS AVENUE, #11F</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP BAL HARBOR FL 33154</td> <td></td> </tr> </table>	TITLE VPS	<input type="checkbox"/> Delete	NAME TACHER, SARA		STREET ADDRESS 10101 COLLINS AVENUE, #11F		CITY- ST- ZIP BAL HARBOR FL 33154		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE VPS	<input type="checkbox"/> Delete																
NAME TACHER, SARA																	
STREET ADDRESS 10101 COLLINS AVENUE, #11F																	
CITY- ST- ZIP BAL HARBOR FL 33154																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
<table border="1"> <tr> <td>TITLE D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME TACHER, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS 10101 COLLINS AVENUE, #11F</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP BAL HARBOR FL 33154</td> <td></td> </tr> </table>	TITLE D	<input type="checkbox"/> Delete	NAME TACHER, DAVID		STREET ADDRESS 10101 COLLINS AVENUE, #11F		CITY- ST- ZIP BAL HARBOR FL 33154		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> Delete																
NAME TACHER, DAVID																	
STREET ADDRESS 10101 COLLINS AVENUE, #11F																	
CITY- ST- ZIP BAL HARBOR FL 33154																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY- ST- ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Perla Tacher</u> <u>Perla Tacher</u> <u>Jan-30-2005</u> <u>(305) 710-6812</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #
--