2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 8:00 am **Secretary of State** DOCUMENT # L01985 1. Entity Name 02-09-2006 90023 049 ***158.75 PELI, INC. Principal Place of Business 10101 COLLINS AVENUE 10101 COLLINS AVENUE BAL HARBOR FL 33154 BAL HARBOR FL 33154 US 2. Principal Place of Business 3. Mailing Address 10101 Collins and Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number BAL Harbour 65-0156460 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TACHER, PERLA Street Address (P.O. Box Number is Not Acceptable) 10101 COLLINS AVENUE #11F BAL HARBOR FL 33154 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. nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete Change NAME TACHER, PERLA NAME STREET ADDRESS STREET ADDRESS 10101 COLLINS AVENUE, #11F CITY-ST-7IP BAL HARBOR FL 33154 CITY-ST-ZIP VPS ☐ Change TITLE ☐ Delete TITLE Addition TACHER, SARA NAME NAME STREET ADDRESS 10101 COLLINS AVENUE, #11F STREET ADDRESS CITY-ST-ZIP BAL HARBOR FL 33154 CITY-ST-7IP Delete ☐ Change ☐ Addition NAME TACHER, DAVID STREET ADDRESS 10101 COLLINS AVENUE, #11F STREET ADDRESS CITY-ST-7IP CITY-SI-7P BAL HARBOR FL 33154 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 truetee 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:

FILED