2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L01985

1. Entity Name

PELI, INC.

Principal Place of Business	Mailing Address
10101 COLLINS AVENUE #11F BAL HARBOR FL 33154 US	10101 COLLINS AVENUE #11F BAL HARBOR FL 33154 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10101 COLLINS Ave
Suite, Apt. #, etc	Suite, Apt. #, etc. BAL Harbour Fla
City & State	City & State Apt 11 F
Zip / Country	Zip 33154 / Country U.S.

4. FEI Number 65-0156460 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TACHER, PERLA 10101 COLLINS AVENUE #11F BAL HARBOR FL 33154	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 1/30/2008

(If applicable, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ☐ Delete TACHER, PERLA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000809518 02/08/08-80026-012 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ☐ Delete TACHER, SARA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TACHER, DAVID 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 1/30/2008 305) 710 6812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #