

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

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 - No P.O. Box #

3. Mailing Address

10101 COLLINS AVE

Suite, Apt., #, etc.

Suite, Apt., #, etc.

BAL Harbour Fla

City & State

City & State

33154 11 F

Zip

Country

Zip

Country

33154

US

1st MOORE

CR2E034 (10/07)

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

(NOTE: Registered agent signature required when switching)

1/30/2008

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

TITLE ☐ Change ☐ Addition
NAME U00000809518
STREET ADDRESS 02/08/08-80026-012 158.75
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2008 305)7106812

Date

Digitally Signed