


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009948**  
 1. Entity Name  
**USA FOR PERU, CORP.**



Principal Place of Business  
**21860 SW 103 CT STE 201**  
**MIAMI, FL 33190**

Mailing Address  
**21860 SW 103 CT STE 201**  
**MIAMI, FL 33190**



**DO NOT WRITE IN THIS SPACE**

03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**13-4229307**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**PISKULICH, EDUARDO**  
**21860 SW 103 CT STE 201**  
**MIAMI, FL 33190**

**DO NOT WRITE IN THIS SPACE**

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: *Eduardo Piskulich* **03/07/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PISKULICH, ROSA D 21850 SW 103 CT SUITE 309 MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESQUIVEL, FELISA 10365 SW 11 TERR MIAMI FL MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000258707  
 03/10/05-80052-006 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Eduardo Piskulich* **03/07/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #