

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009678

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** AMERICAN PERUVIAN ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

825 SW 44 AVE  
A-120  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 527731  
MIAMI, FL 33152

**New Mailing Address:**

**FEI Number:** 20-1069323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GONZALEZ, ALLAN  
825 SW 44 AVE  
A-120  
MIAMI, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: GONZALEZ, ALLAN  
Address: P.O. BOX 527731  
City-St-Zip: MIAMI, FL 33152

Title: VS ( ) Delete  
Name: GARCIA, NERY  
Address: P.O. BOX 527731  
City-St-Zip: MIAMI, FL 33152

Title: D ( ) Delete  
Name: ZEIDAN, ALEXIA  
Address: P.O. BOX 527731  
City-St-Zip: MIAMI, FL 33152

Title: D ( ) Delete  
Name: CASTANON, FRANK  
Address: P O BOX 527731  
City-St-Zip: MIAMI, FL 33152

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: CARO, PAUL DR.  
Address: P.O. BOX 527731  
City-St-Zip: MIAMI, FL 33152

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN GONZALEZ

P

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date