

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010609

FILED
Apr 19, 2007
Secretary of State

Entity Name: PERUVIAN AMERICAN PUBLIC SAFETY NETWORK INC.

Current Principal Place of Business:

7145 BURGESS DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7145 BURGESS DR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 36-4545553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, CARLOS
7145 BURGESS DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: DPT () Delete
Name: REYES, CARLOS
Address: 7145 BURGESS DR
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: SAN MARTIN, LUIS
Address: 7145 BURGESS DR
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: CACERES, JULIO
Address: 7145 BURGESS DR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: CARLOS REYES

PRE

04/19/2007

Electronic Signature of Signing Officer or Director

Date