

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007387

FILED
Apr 29, 2009
Secretary of State

Entity Name: PERUVIAN AMERICAN CIVIC ORGANIZATION USA, INC.

Current Principal Place of Business:

9836 SW 117TH PLACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

9836 SW 117TH PLACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-5194543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ DE SOMOCURCIO, VICTOR A CHMP
13676 SW 117TH LANE
MIAMI, FL 33186 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: CHMP () Delete
Name: RUIZ DE SOMOCURCIO, VICTOR A CHMP
Address: 13676 SW 117TH LANE
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: PRUSS, EDGAR G S
Address: 9836 SW 117 PL
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: FIGUEROLA, ALFONSO T
Address: 9360 S.W. 134 ST
City-St-Zip: MIAMI, FL 33176

Title: VC () Delete
Name: SALHUANA, WILFREDO VC
Address: 6204 SW 146 CT
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: MANTERO, JULIA D
Address: 123 ARGONE SR
City-St-Zip: ELKIN, NC 28621

Title: D () Delete
Name: MONGE, VICTOR D
Address: 10944 SW 135 COURT CIRCLE
City-St-Zip: MIAMI, FL 33186

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:

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City-St-Zip:

Title: () Change () Addition
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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 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: EDGAR G. PRUSS

S/D

04/29/2009

Electronic Signature of Signing Officer or Director

Date