

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011718

FILED
Apr 22, 2008
Secretary of State

Entity Name: PERU VISION INC.

Current Principal Place of Business:

6908 SW 110 AVE.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6908 SW 110 AVE.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-5860139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, GUSTAVO
6908 SW 110 AVE.
MIAMI, FL 33173 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: D () Delete
Name: MORRIS, GUSTAVO
Address: 6908 SW 110 AVE.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: ESPINO, JORGE LUIS
Address: 10795 NW 70 ST
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: ALVA, SILVIO II
Address: 5800 SW 92 AVE.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: CALDERON, ALVARO
Address: 11320 SW 160 AVE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: ULLOA, SAUL
Address: 11360 SW160 AVE
City-St-Zip: MIAMI, FL 33196

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:

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 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: ALVARO CALDERON

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date