


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

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49293</b> 1. Entity Name CLUB SOCIAL EL NUEVO PERU, INC.	
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Principal Place of Business 3120 N.W. 93 STREET MIAMI, FL 33147	Mailing Address 3120 N.W. 93 STREET MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**



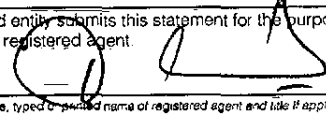

03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0338226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MARCELO, RAFAEL & MARIA AND CARLOS MARCELO  
3120 N.W. 93 STREET  
MIAMI, FL 33147

**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   3/15/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD MARCELO, RAFAEL 3120 N.W. 93 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCELO, MARIA 3120 N.W. 93 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARCELO, CARLOS 3120 N.W. 93 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000271767  
03/21/05-80061-004 61.25

**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:  3/15/05 (305) 836-3209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #