2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: FREDY J. MEJIA

DOCUMENT# N93000003621

Current Principal Place of Business:

FILED Apr 14, 2004 Secretary of State

New Principal Place of Business:

PD

04/14/2004

Date

Entity Name: PERUVIAN PROFESSIONAL ASSOCIATION OF THE UNITED STATES OF AMERICA, INC.

17775 NE 19TH AVE MIAMI, FL 33162 US					
Current Mailing Address:			New Mailing Addres	ss:	
17775 NE 19TH AVE MIAMI, FL 33162 US					
FEI Number:	65-0523252	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MEJIA, FREDY J 17775 NE 19TH AVE MIAMI, FL 33162 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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[MEJIA, FREDY J 17775 NE 19TH A N MIAMI BEACH,	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ZEVALLOS, JOS	'AL POINCIANA APT 305	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ()[SAO BENTO, OL 14931 SW 82 LA MIAMI, FL 33186	NE APT 205	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LLERENA, LUIS 10801 SW 109 C MIAMI, FL 33176	T APT 112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [PERALTA, CARL 1654 NW 8TH ST MIAMI, FL 33138	os T	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()[MARTINEZ, RAU 10511 SW 108 A MIAMI, FL 33186	VE APT F 193	Title: Name: Address: City-St-Zip:	() Change () Addition	
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					