

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90028 025 \*\*\*150.00

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01072005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000086576</b> 1. Entity Name PEEKY AMERICA, INC.			
Principal Place of Business 2801 N.W. 74TH AVE. SUITE #201 MIAMI, FL 33122		Mailing Address 2801 N.W. 74TH AVE. SUITE #201 MIAMI, FL 33122	
2. Principal Place of Business 1221 BRICKELL Ave Suite, Apt., etc. 9th floor City & State Miami - Florida Zip 33131 Country USA		3. Mailing Address 1221 BRICKELL Ave Suite, Apt., etc. 9th floor City & State Miami - Florida Zip 33131 Country USA	
4. FEI Number 65-1038583		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DE S. FARIA, LUIS CARLOS 2801 NW 74TH AVE #201 MIAMI, FL 33122		7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL Ave, 9th floor City Miami FL Zip Code 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO S. DE FARIA, LUIS CARLOS 2801 NW 74TH AVE #201 MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CLARK, MICHAEL W. 1221 Brickell Ave, 9th floor Miami FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLS, IAN C 2801 N.W. 74TH AVE. MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMA PRIETO, DANIELLE N 1918 SW 3RD AVE. #A MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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 the empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 01.12.05 <small>Daytime Phone #</small>	