

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000036170

1. Entity Name
BUREAU PERU SERVICES, CORP.



Principal Place of Business
11301 SW 200 STREET, APT. 301-A
MIAMI, FL 33157

Mailing Address
11301 SW 200 STREET, APT. 301-A
MIAMI, FL 33157



03132006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100634

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALACIOS, HEIODORO
400 SW 107TH AVENUE, #103
MIAMI, FL 33174

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARGAS MACHUCA, VICKY Z
STREET ADDRESS	11301 SW 200 STREET, APT. 301-A
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	SD
NAME	MULANOVICH, GISELLE
STREET ADDRESS	11301 SW 200 STREET, APT. 301-A
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	TD
NAME	ARBULU, MANUEL J
STREET ADDRESS	11301 SW 200 STREET, APT. 301-A
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80101-010 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: **VICKY Z. VARGAS-MACHUCA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17-APR-06

Date

786-242-6566

Daytime Phone #