


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000036170 1. Entity Name BUREAU PERU SERVICES, CORP.	
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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
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1100634	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ DATE _____
Signature, location or residence of registered agent in the last case. NOTE: Registered Agent signature required when changing.


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD VARGAS MACHUCA, VICKY Z 11301 SW 200 STREET, APT. 301-A MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MULANOVICH, GISELLE 11301 SW 200 STREET, APT. 301-A MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ARBULU, MANUEL J 11301 SW 200 STREET, APT. 301-A MIAMI, FL 33157
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05/10/07-80013-007 158.75

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

Date: _____