

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 VARGAS MACHUCA, VICKY Z 11301 SW 200 STREET, APT. 301-A MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MULANOVICH, GISELLE 11301 SW 200 STREET, APT. 301-A MIAMI, FL 33157
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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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/21/08-90103-009 158.75

**DO NOT WRITE
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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKY VARGAS MACHUCA

20-APR-08

Date

305-310-4627

Daytime Phone #