

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000079472

**FILED**  
**Jun 14, 2006**  
**Secretary of State****Entity Name:** PERIPLUM TRAVEL INC.**Current Principal Place of Business:**6205 BLUE LAGOON DR.  
#310  
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**6205 BLUE LAGOON DR.  
#310  
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 65-1136626**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DE NAVARRETE, PAULA R  
6205 BLUE LAGOON DR  
STE 310  
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**RIVERO, MANUEL L  
1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134 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: MANUEL L. RIVERO

06/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASTRO, FELIPE  
Address: 6205 BLUE LAGOON DR, STE 310  
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete  
Name: DE NAVARRETE, PAULA R  
Address: 6205 BLUE LAGOON DR, STE 310  
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete  
Name: BESA, LUIS  
Address: 6205 BLUE LAGOON DR. SUITE 310  
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete  
Name: FERNANDEZ, GUIDO  
Address: 6205 BLUE LAGOON DR, STE 310  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ZWANZGER, FELIPE  
Address: 6205 BLUE LAGOON DR, STE 310  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIPE CASTRO

P

06/14/2006

Electronic Signature of Signing Officer or Director

Date