2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

954-4573424

Daytime Phone if

04-18-08

DOCUMENT # P01000101415 1. Entity Name CASA PERU II CORP. Principal Place of Business Mailing Address					Secreta	ry of Sta	
822 WEST HALLANDALE BEACH BLVD HALLANDALE, FL 33009 822 WEST HALLANDALE BEACH HALLANDALE, FL 33009			H BOULEARD				
			04172008	No Chg-P	CR2E034 (11		
	O NOT WRITE	CE	4. FEI Number 65-1144		Fig. \$8.7	Applied For Not Applicable 5 Additional equired	
, "	6. Name and Address of Current Ro	alstered Agent	1	<u> </u>		, " ''	· ·
ALADZEME, DAVID 822 W HALLANDALE BEACH BLVD HALLANDALE, FL 33009					NOT W HIS SP		
	named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familia:	with, and accept
the obligat	tions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent)				when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5 .	.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	1 3 3 5 5 F	a ####################################	46.00 3 3 3 4 4 5.	1. d. + 1. 4. 4. 6. 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALADZEME, DAVID 822 W HALLENDALE BEACH BLV HALLANDALE, FL 33009	D					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	•	To the state		90000 05/13/08	0918098 =80069-01	1 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			g g George	IN T	HIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			r r				
NAME STREET ADDRESS							

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 those 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 comparison of the corporation with an address, with all other like empowered.

TO PEPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: