


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 018 ***150.00

DOCUMENT # P02000054047	
1. Entity Name PERINV USA CORP.	

Principal Place of Business 2583 JARDIN COURT WESTON, FL 33327	Mailing Address 2583 JARDIN COURT WESTON, FL 33327
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04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0454060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERILLA, NOHORA
2583 JARDIN COURT
WESTON, FL 33327

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PERILLA, ALFONSO 2583 JARDIN COURT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERILLA, NOHORA 2583 JARDIN COURT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERILLA, DILMA 2583 JARDIN COURT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Date _____ Daytime Phone # _____