2004 FOR PI

FILED Apr 26, 2004 8:00 am

ANNUAL REPORT							04-07-2004 90028 050 ***150.00				
DOCUMENT # P03000035206 1. Entity Name PEERLESS INVESTMENTS CORP						66415585					
Principal Place	of Business	Ma	illing Address				0041	1000			
915 NW 1ST AVE H1710 MIAMI, FL 33136			915 NW 1ST AVE H1710 MIAMI, FL 33136		i ibs an in i i			1 30 il 1 0 i c 1			
2. Principal Place of Business 3			Mailing Address]					
Suite, Apt. #, etc.			Suite, Apt. #. etc.		04032004	Chg-P	CR2E034 (*	10/03)			
City & State			City & State			STEI NUMBER	56209		Applied For Not Applicable		
Zip	Count	ry	Zip Country			5. Certificate of Status Desired			75 Additional	بدري ورجين ما	
	6. Name and Ad	hess of Current Regis	lered Agent	أأحيد		7Namo end A	ddress of New Ro	gistered Agen		-	
915 NW 1S H1710	VICTOR		· · · · · · · · · · · · · · · · · · ·		Name Street Address	(P.O. Box Number	is Not Acceptable			<u>. </u>	
III/AWT EQ	1107412 3010	·		},	City	<u>.</u>		FL	Zip Code		
	named entity submit ons of registered ag		ourpose of changing its	registered	office or registe	red agent, or both	, in the State of Flor	rda. I am famil	iar with, and accept		
SIGNATURE_	Signature, typed or printed r	eme of registered again, and title	f applicable. (NOTE	: Registered Ac	gent eignature require	d when reinstating)	-	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib						.00 May Be led to Fees					
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			ECTORS IN 11	ı			
TITLE STREET ADDRESS CITY ST-ZIP	WE VICTOR PERPLOS RET ADDRESS GIS NILL IST AUE HITO		TITLE RAME STREET / CITY-ST	ADORESS 1-ZIP				Change Addition	!		
TITLE NAME	VVI OME	16 331	De lete	TITLE NAME					Change		

After Ma	ay 1, 2004 Fee will be \$550.00	Trust Hund Contrib	oution.	Added to Fees			,
10.	OFFICERS AND DIREC	CTORS	11.	ADDITIONS	/CHANGES TO OFFICERS AN	NO DIRECTORS	S IN 11
TITLE STREET ADDRESS CITY: ST-ZIP	PRESIDENT VICTOR PERRICOS 915 NW 15 AVE, H	7 .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willowic 10 331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
THTLE		☐ Delete	TITLE . NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	سيب المساد			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE HAVE STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ~	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	Addition
G11-31-20			G11: - 51- ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 path; that I am an officer or director of the corporation of the receiver or flustee 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:

**The content of the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with at I am an officer or director of the corporation of the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplied with a line of the corporation of the required or flustees. I further certify that the information indicated on this report is supplied with a flustee in formation of the required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplied with a flustee in formation indicated on the supplied with a flustee in formation indicated on the supplied with a flustee in formation indicated on the supplied with a flustee in flustee

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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