## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI					Secretary of State					
DOCUMENT # P04000014865  1. Entity Name SCALEPERS INC.							06 90195 049	) ***150	0.00	
Principal Place of Business Mailing Address					1 ans	185pat				
9615 SW 24TH ST 9615 SW 24TH ST					10					
#A-107 #A-107										
MIAMI, FL 3	3165	MIAMI, FL 33165					I BENN BETAN MEN ANDEN			
2. Principal P	Place of Business 44 PL.		44 P							
Suite, Apt. # 5		Suite, Apt. #, etc.			04282006	Chg-P	CR2E034	(11/05)		
City & Stat	leak, Fl.	Sity & State Haled	, FC		4. FEI Number 20-065			No	plied For t Applicable	
330	12 Country SA	33012	Country A	_	5. Certificate	of Status Desire	ed 🗆 💲	8.75 Add	litional d	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of Ne	w Registered Ag	<u>-</u>		
				PEO	leosa,	RENA	ج			
PEDROSA, RENE 9615 SW 24TH ST				Street Address (P.O. Box Number is Not Acceptable)						
#A-107 MIAMI, FL 33165					+ 50					
			City	410	allah		FL	Zip Cod	33012	
8. The above		the purpose of changing its re	egistered office	<u>, , , , , , , , , , , , , , , , , , , </u>			f Florida. I am far	niliar with,		
the obligat	tions of registered agent.	- December	- 12.	~ 4 4			1/20	lac		
SIGNATUBE	Signature, typed or pinted game of registered agent	. KEW	Registered Agent sign	neture required	when reinstating)		DATE	Up		
FIL After M	E NOW!!/ FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib	oution. [		.00 May Be led to Fees					
10.	OFFICERS AND I		11.	100			OFFICERS AND D			
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12. Thereby	certify that the interpret of supplied with	this ming does not quanty for	ин ехепіриопа	containe	ani chapter 118	ว, กาบทูบส อเสเนีย	ss. Fluither certify	เหลเมาย แ	nomation	

indicated on this report of sponderhental 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 receipter 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 afterbring with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Degree Proce #