

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 007 \*\*\*150.00

<b>DOCUMENT # P04000014865</b>					
<b>1. Entity Name</b> SCALEPERS INC.					
<b>Principal Place of Business</b> 1825 W. 44 PL. #502 HIALEAH, FL 33012 US			<b>Mailing Address</b> 1825 W. 44 PL. #502 HIALEAH, FL 33012 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1800 W 49 ST Suite, Apt. #, etc. 201		<b>3. Mailing Address</b> 1800 W 49 ST Suite, Apt. #, etc. 201			
<b>City &amp; State</b> HIALEAH FL		<b>City &amp; State</b> HIALEAH FL		<b>4. FEI Number</b> 20-0655652	
<b>Zip</b> 33012		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PEDROSA, RENE 1825 W. 44 PL. #502 #A-107 HIALEAH, FL 33012			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEDROSA, RENE 1825 W. 44TH PL. #502 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 use empowered.</b>					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					

# ATTACHMENT

40131046

Attn: Division of Corporations  
Tallahassee, FL

Re: Scalpers Inc  
Document # P04000014865

Dear Sir/Madam:

We move to another location and never received the form to pay the annual registration fee, now we find out that the corporation will be dissolve this year.

Please accept our apologize but it is the first time that this happen to us, we are sending you the payment and requesting to abate the penalty for filing late.

We will appreciate your cooperation.

Sincerely,

  
Rene Pedros  
President