## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000014865

1. Entity Name SCALEPERS INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

HIALEAH, FL 33012 US

Mailing Address

1800 W. 49TH STREET #201 1800 W. 49TH STREET

#201

HIALEAH, FL 33012



## DO NOT WRITE IN THIS SPACE

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4. FEI Number			Applied For
20-06556	552		Not Applica

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDROSA, RENE 1825 W. 44 PL, #502 #A-107 HIALEAH, FL 33012

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution		cing	\$5.00 May Be Added to Fees	U00000943429 05/29/08-80059-008 150.00			
10.	OFFICERS AND DIREC	CTORS					
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							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this count as guarantees and popular and provide and provide and provide and provide and that my cincentum shall have the same legal effect as if made under each that I am an officer or director.							

12. Thereby certify that the information supplied with this filling 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

1/20/08

FE1E-32820R