


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED .

06 JUL 27 PM 2:30

DOCUMENT # P04000026463		
1. Entity Name PECA USA CORP.		

Principal Place of Business 7200 W 2 WAY HIALEAH, FL 33014	Mailing Address 7200 W 2 WAY HIALEAH, FL 33014
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2. Principal Place of Business 7171 WEST 2 WAY	3. Mailing Address 7171 WEST 2 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah	City & State Hialeah
Zip 33014	Zip 33014
Country MIAMI Dade	Country MIAMI Dade



4. FEI Number 07052006	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CACERES, PEDRO J 7200 W 2 WAY HIALEAH, FL 33014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACERES, PEDRO J 7200 W 2 WAY HIALEAH, FL 33014 <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
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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

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:  7/1/06  
Date Daytime Phone #

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July 5, 2006  
Miami Florida

Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Please find the annual report and check covering the fee for the period 2006.

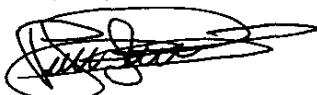
My address is as following:

7171 West 2 Way  
Hialeah, Fl. 33014

Your letter never was received because we moved to this address.

Thank for your cooperation on this matters.

Very Truly

A handwritten signature in black ink, appearing to read 'Pedro J. Caceres', with a large, stylized flourish extending to the right.

Pedro J Caceres  
President