

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044865

Entity Name: PE2AK CONSULTING, INC.

FILED  
Mar 13, 2009  
Secretary of State

## Current Principal Place of Business:

4070 NW 64TH AVENUE  
VIRGINIA GARDENS, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

4070 NW 64TH AVENUE  
VIRGINIA GARDENS, FL 33076

## New Mailing Address:

FEI Number: 20-0885385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSVALDO, TROCHE  
4070 NW 64TH AVENUE  
VIRGINIA GARDENS, FL 33166 US

## Name and Address of New Registered Agent:

GUADALUPE, SCHORR  
4070 NW 64TH AVENUE  
VIRGINIA GARDENS, FL 33166 US

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.

SIGNATURE: GUADALUPE SCHORR

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TROCHE, OSVALDO  
Address: 4070 NW 64TH AVENUE  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: D (X) Delete  
Name: TROCHE, MIRTHA  
Address: 4070 NW 64TH AVENUE  
City-St-Zip: VIRGINIA GARDENS, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SCHORR, GUADALUPE  
Address: 4070 NW 64TH AVENUE  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUADALUPE SCHORR

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date