


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000146076 1. Entity Name PERYTASE CORPORATION	
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Principal Place of Business 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 33308-4417	Mailing Address 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 33308-4417
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04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0550568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAN MIGUEL, MIGUEL 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 33308-4417

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SAN MIGUEL, MIGUEL 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 333084417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CAVENG, PHILIPPE 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 333084417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD CAVENG, FRANCOISE 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 333084417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CAVENG, GREGORY 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 333084417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CAVENG, JUANITA 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 333084417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/11/06-80091-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #