## 2007 FOR PROFIT CORPORATION

TITLE NAME

## **FILED** Feb 01, 2007 08:00 AM **Secretary of State**

DOCUMENT # P05000030611  1. Entity Name PEER PARTNERS, INC.			
Principal Place of Business 3908 NE 22ND AVE. 3N FT. LAUDERDALE, FL 33308	Mailing Address 3908 NE 22ND AVE. 3N FT. LAUDERDALE, FL 33308		
DO NOT WR	ITE IN THIS SPA	CE	01232007

FT. LAUDERD	ALE, FL 33308	FT. LAUDERDALE, FL 33308	-· 				
D	O NOT WRITE	IN THIS SPA	CE	01232007 4. FEI Numb 86-113	No Chg-P	CR2E034 (11	1124 (18122)  1. 1221
	6. Name and Address of Current F	egistered Agent		_ <del></del> _			
109	AMER, PA KLAND PARK BLVD. RDALE, FL 33306			-	NOT W THIS SF	<b></b>	-
the obligation	named entity submits this statement for ons of registered agent.			<u>-</u>	th, in the State of Flo		with, and accept
FILE	Signature, typed or printed name of registrated agent and NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.0	9. Election Campaign Finar		\$5.00 May Be Added to Fees		DATE	
10.	OFFICERS AND D	RECTORS			·		
STREET ADDRESS	P SMUKLER, ILISA J 3908 NE 22ND AVE., APT. 3N FT. LAUDERDALE, FL 33308			,	000000 - 02/07/07	616639 80036-006	150.00
NAME STREET ADDRESS	S SMUKLER, ILISA J 3908 NE 22ND AVE., APT. 3N FT. LAUDERDALE, FL 33308						
NAME	T SMUKLER, ILISA J 3908 NE 22ND AVE., APT. 3N FT. LAUDERDALE, FL 33308			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	1.00					

12. I hereby 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: Ju	Smiller	/Ilisa.	1 Smuk	ler	1/23	107	
SIGNATORE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone #	: