2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076797

Entity Name: PELOTERA, INC

City-St-Zip:

MIAMI, FL 33131

FILED Apr 22, 2009 Secretary of State

		, nv.				
Current Principal Place of Business:				New Principal Place of Business:		
% MBAF, LLP. 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131				1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131		
Current Mailing Address:				New Mailing Address:		
% MBAF, LLP. 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131				1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131		
FEI Number:	20-2960154	FEI Number Applied For ()	FEI Numb	oer Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CABRERA, ALEX % MBAF, LLP. 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131 US				CABRERA, ALEX 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131 US		
The above in the State		submits this statement for the p	ourpose of	changing its registere	ed office or registered agent, or both,	
SIGNATURE: KASHYAP BAKHAI				04/22/2009		
	Electro	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CABRERA, AL 1001 BRICKEI MIAMI, FL 33'	LL BAY DR.	14	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BAKHAI, KASH 1001 BRICKEI MIAMI, FL 33'	L BAY DR.	1 4	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	WINSLOW, LI) Delete BBY LL BAY DR 9TH FLOOR	١	Fitle: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: KASHYAP BAKHAI VP 04/22/2009