



**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

50022789

<b>DOCUMENT # P05000080873</b>						07-21-2006 90023 012 ***150.00		
1. Entity Name PERSA INVESTMENTS, CORP								
Principal Place of Business 1810 N.E. 193 ST. NORTH MIAMI BEACH, FL 33179		Mailing Address 1810 N.E. 193 ST. NORTH MIAMI BEACH, FL 33179				50022789		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07142006 Chg-P CR2E034 (11/05)				
City & State		City & State		4. FEI Number		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SUAREZ, PEDRO M 1810 N.E. 193 ST. NORTH MIAMI BEACH, FL 33179				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUAREZ, PEDRO M 1810 N.E. 193 ST. NORTH MIAMI BEACH, FL 33179		<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			
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			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ <small>Daytime Phone # _____</small>				

ATTACHMENT

ATTACHMENT

July 14, 2006

50022789  
#205000080873

Secretary of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Persa Investments Corp.  
1810 N.E. 193 St.  
North Miami Beach, FL 33179

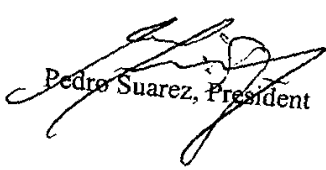
Gentlemen:

Enclosed is our 2006 For Profit Corporation Annual Report for the above together with the check for \$150.00 for payment of same.

Please note that we did not receive any notice with respect to the annual report and respectfully request that the penalty be abated.

Thanking you in advance we remain.

Truly Yours,

  
Pedro Suarez, President