



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90344 035 ***150.00

DOCUMENT # P05000086067 1. Entity Name MI PERU TRADING COMPANY					
Principal Place of Business 1760 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US			Mailing Address 1760 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3004465	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEREYRA, LUIS 1940 N.E. 167TH STREET #3 NORTH MIAMI BEACH, FL 33162				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVP	<input type="checkbox"/> Delete			
NAME	PEREYRA, LUIS				
STREET ADDRESS	1940 N.E. 167TH STREET, #3				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162				
TITLE	S/T	<input type="checkbox"/> Delete			
NAME	PEREYRA, LUIS				
STREET ADDRESS	1940 N.E. 167TH STREET, #3				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162				
TITLE	<input type="checkbox"/> Delete				
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%; text-align: right;"> 4/27/06 <small>Date</small> </div> </div>					