2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P05000086067** 04-30-2007 90861 033 ***150.00 MI PERU TRADING COMPANY Principal Place of Business Mailing Address **44664000** 1760 N.E. MIAMI GARDENS DRIVE 1760 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US NORTH MIAMI BEACH, FL 33179 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3004465 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREYRA, LUIS Street Address (P.O. Box Number is Not Acceptable) 1940 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/VP ☐ Delete TITLE Change ■ Addition PEREYRA, LUIS NAME NAME STREET ADDRESS STREET ADDRESS 1940 N.E. 167TH STREET, #3 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PEREYRA, LUIS NAME NAME STREET ADDRESS 1940 N.E. 167TH STREET, #3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 authorise, with all other like empowered.

FILED

Daytime Phone #