

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000090983

1. Entity Name
NAZCA PERU INC



Principal Place of Business
484 LAKE ROSEMARY COURT
DEFUNIAK SPRINGS, FL 32433

Mailing Address
484 LAKE ROSEMARY COURT
DEFUNIAK SPRINGS, FL 32433



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3067528

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, JEMY E
484 LAKE ROSEMARY COURT
DEFUNIAK SPRINGS, FL 32433

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUIZ, JEMY E
STREET ADDRESS 484 LAKE ROSEMARY COURT
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE SEC
NAME EVANGELISTA, FELECIA S
STREET ADDRESS 484 LAKE ROSEMARY COURT
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000634395
02/22/07-80007-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jemy E Ruiz

Date

01/22/07

Daytime Phone #