
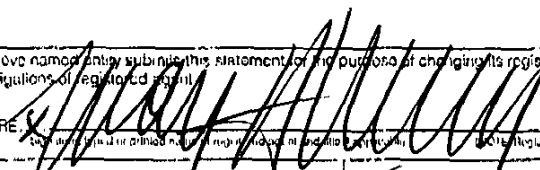
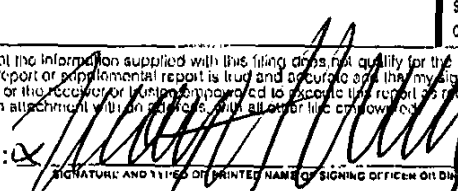


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 17 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000055271			
1. Entity Name TRUJILLO & AREQUIPA EXPORT & IMPORT INC.			
Principal Place of Business 2655 LEJEUNE ROAD #507 CORAL GABLES, FL 33134		Mailing Address 2655 LEJEUNE ROAD #507 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FILINGS INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4192		7. Name and Address of New Registered Agent Name: Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable): 2655 Lejeune Road, Suite 507 City: Coral Gables FL Zip Code: 33134	
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:  Date: 7/11/08			
9. Etcation Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		100133269041 \$5.00 May Be Added to Fees 07/22/08--01014--022 **476.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACHAY, SILVIA P 2655 LEJEUNE ROAD #507 CORAL GABLES, FL 33134 <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 appointed to execute the 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 affidavit, with all other true employees.			
SIGNATURE: 		ATTORNEY IN FACT 305 665 214	

