FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

PEROMA CORPORATION

1. Entity Name

Mar 19, 2002 8:00 am Secretary of State

03-19-2002 90029 040 ***150.00

DO NOT WRITE IN THIS SPACE					425091	
2. Principal Place of Business Gold, Esq. 2335 Tamiami Trail North Suite, Apt. #, etc. Suite 301 3. Mailing Address C/O 2335 Tamiami T Suite, Apt. #, etc. Suite 301					d, Esq. DO NOT WRITE IN THIS SPACE	
City & State Naple	e s, FL 34103	City & State Naples, FL 34103			4. FEI Number	
^{Zip} 34103	Country USA Zip 34103		Coun	try USA	5. Certificate of Status Desired See Required Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name Dennis S. Gold, Esq. Street Address (P.O. Box Number is Not Acceptable) Suite 301 2335 Tamiami Trail North City Naples FL Zig Code 3 4103		
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. ** ** ** ** ** ** ** ** **						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended U Make Check Payable				s \$550.00 s \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Biehl, Peter 4131 Sawgrass Point Dr., #202 Bonita Springs, FL 34134 V Biehl, Rosemary 4131 Sawgrass Point Dr., #202 Bonita Springs, FL 34134		CITY- TITLE NAMI STRE	et address ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S Ast, Rene 4099 Tamiami Trail North Naples, FL 34103		ll l	ET ADDRESS ST-ZIP	DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Gold, Dennis S. 2335 Tamiami Trail North, #301 Naples, FL 34103		CITY- TITLE NAME	ET ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with t	his filing does not qualify fo	TITLE NAME STREE CITY	ET ADDRESS ST-ZIP	ction 119.07(3)(i), 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 11 or on an attachment with an address, with all other like Empowered.

SIGNATURE: _

OFFICER OR DIRECTOR

Dennis S. Gold/Director 3/4/02

941-649-4653

Daytime Phone #