2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000011047 1. Entity Name PEROMA CORPORATION				Secretary of Stat			
	- · · ·	Mailing Address C/O DENNIS S GOLD ESQ 2335 TAMIANI TRAIL N #301 NAPLES, FL 34103 US					
DO NOT WRITE IN THIS SPAC			CE	03152005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S5-0392336 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Re				**************************************		
DENNIS S GOLD, ESQ 2335 TAMIANI TRAIL N SUITE 301 NAPLES, FL 34103			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 little if applicable (NOTE: Registered Agent eignature required when retiribating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			noing \$5	.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS				O To Married M	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BIEHL, PETER 4131 SAWGRASS PT DRIVE #202 BONITA SPRINGS, FL 34134					en e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIEHL, ROSEMARY 4131 SAWGRASS POINT DRIVE, SUITE 202			U00000280531 03/30/05-80023-021 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AST, RENE' 4099 TAMIAMI TRAIL NORTH NAPLES, FL 34103			·	NOT W		
TITLE NAME STREET ADDRESS	D GOLD, DENNIS S 2335 TAMIAMI TRL N, SUITE 301			IN .	THIS SF	PACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accourate 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 on trustee empowered by 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 directive empowered.

SIGNATURE:

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAPLES, FL 34103

INE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis S. Gold, Director

3/28/05

239-649-4653

Daytime Phone #