


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000061382
 1. Entity Name
EL INCA DE PERU, INC



Principal Place of Business: **505 BRIERCLIFF DRIVE ORLANDO FL 32806**
 Mailing Address: **505 BRIERCLIFF DRIVE ORLANDO FL 32806**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

1st MOORE CR2E034 (10/05)
 4. FEI Number: **59-3223212**
 Applied For: Not Applied For:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OTTESEN, RICKIE A
505 BRIERCLIFF DRIVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete	D
NAME: OTTESEN, RICKIE A	
STREET ADDRESS: 505 BRIERCLIFF DRIVE	
CITY-ST-ZIP: ORLANDO FL 32806	
TITLE: <input type="checkbox"/> Delete	D
NAME: OTTESEN, MARIA DEL C	
STREET ADDRESS: 505 BRIERCLIFF DRIVE	
CITY-ST-ZIP: ORLANDO FL 32806	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rickie A. Ottesen* → **RICKIE A. OTTESEN** **MARCH 24, 2006** **407-659-4860**