

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90107 002 \*\*\*158.75

**DOCUMENT # P94000066027**

1. Entity Name  
PERUVIAN AMERICAN COALITION, INC.



Principal Place of Business  
8150 SW 8TH STREET  
211  
MIAMI, FL 33144

Mailing Address  
8150 SW 8TH STREET *Suite #211*  
MIAMI, FL 33144

90060030



02142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0523755

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MASSA, SERGIO  
8347 SW 40TH STREET  
MIAMI, FL 33155

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MASSA, SERGIO  
8347 SW 40TH STREET  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BOGANI, HUMBERTO  
9361 SW 163RD PL  
MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DE LOS RIOS, JULIO C  
6336 GRANT STREET  
HOLLYWOOD, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PIAGGIO, EDUARDO  
13341-B SW 88 TERR  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/06*  
Date

*305-220-3420*  
Daytime Phone #