2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 08, 2007 08:00 AM DOCUMENT # P94000066027 **Secretary of State** 1. Entity Name PERUVIAN AMERICAN COALITION, INC. Mailing Address Principal Place of Business 8150 SW 8TH STREET 8150 SW 8TH STREET MIAMI FL 33144 **MIAMI FL 33144** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0523755 City & State City & State Applied For Not Applicable Ζıp Country Ζip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASSA, SERGIO 8347 SW 40TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** Crtv Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IJЩ Defete TITLE Change MASSA, SERGIO NAME NAME U00000659800 8347 SW 40TH STREET STREET ADDRESS STREET ADDRESS 03/19/07-80001-009 158.75 **MIAMI FL 33155** CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Change ☐ Addition BOGANI, HUMBERTO NAME 9361 SW 163RD PL STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CMY-ST-ZIP CITY-SI-ZIP THE ☐ Change ☐ Delete TITLE ☐ Addition DE LOS RIOS, JULIO C NAME NAME **6336 GRANT STREET** STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-SI-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change Addition PIAGGIO, EDUARDO NAME NAME 13341-B SW 88 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CfTY-ST-7IP CITY-ST-ZIP TITLE Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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

305-220-3420