2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an

SIGNATURE:

Secretary of State DOCUMENT # P95000075431 1. Entity Name 02-06-2007 90013 041 ***150.00 PERUSA ENVIROMET INC. Principal Place of Business 228 PINELLAS STREET LAKELAND FL 33803-4832 228 PINELLAS STREET LAKELAND FL 33803-4832 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3359913 Not Applicable Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOTILLO, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 228 PINELLAS STREET LAKELAND FL 33803-4832 City Zin 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 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 \$5.00 May Be 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. V/T/5/D/C Delete TITLE Change Addition SOTILLO, FRANCISCO J SOTILLO, FRANCISCO J NAME NAME 228 PINELLAS ST 228 PINELLAS ST STREET ADDRESS STREET ADDRESS LAKELAND, FL 33803-483Z LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP Delete DHE THE Change Change Addition FINCH, EDMUND P FINCH, EDMUND P NAME NAME 1007 SR 540 West 6579 SWEETBRIAR LN STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY SI - ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-7IP CITY+S1-ZIP ☐ Delete THU Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 effective 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 in the property of the effective of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Francisco J. Sotillo 01/27/07 (863)646-5096
ER OR DIRECTOR
Daytime Phone >

FILED

Feb 06, 2007 8:00 am