


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000085757	
1. Entity Name PERUVIAN-AMERICAN CLUB INC.	

Principal Place of Business 10975 S.W. 52ND DRIVE MIAMI, FL 33165	Mailing Address PO BOX 652753 MIAMI, FL 33165
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01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706774	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VASQUEZ, MARIA I 10975 SW 52 DR. MIAMI, FL 33165

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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 re-registering) 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	P VASQUEZ, MARIA I 10975 SW 52 LN MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIA COMON, ANA 8840 SW 105 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK-FERNANDEZ, CARMEN 10966 SW 145 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAYO, ELI R 2807 SW 37 AVE #300 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/06-80071-020 158.75

**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: Maria Vasquez 1-27-06(305) 274-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #