



APPROVAL
AND
FILED

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

06 NOV 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSC

DOCUMENT # N41175					
1. Entity Name PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.					
Principal Place of Business 80 SW 8 TH STREET 2180 MIAMI, FL 33130 US		Mailing Address 80 SW 8 TH STREET 2180 MIAMI, FL 33130 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0266513	Applic For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOLI, ORLANDO - ARCHITE 80 SW 8 TH STREET 2180 MIAMI, FL 33130			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City 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 <i>Orlando Loli</i>			08/01/2006		
Signature, typed or printed name of registered agent and this is applicable			(NOTE: Registered Agent signature required when reissuing)		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOLI, ORLANDO		NAME	600081915406	
STREET ADDRESS	80 SW 8 TH STREET		STREET ADDRESS	11/17/06--01062--008 **\$61.25	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, ELECTRA		NAME		
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVINE, GINA		NAME	SD	
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS	PEDRO G SORIA	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	80 SW 8TH STREET	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOJO, ANTONIO		NAME		
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUCCAR, JUAN		NAME		
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALDERRAMA, JOSE L		NAME		
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 112, 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 617, 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 empowerings.					
SIGNATURE: <i>Orlando Loli</i>			08/01/2006 305-349-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		