


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 047 \*\*\*\*61.25

**DOCUMENT # N41175**  
 1. Entity Name  
**PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**80 SW 8TH STREET**  
**#2180**  
**MIAMI, FL 33130 US**

Mailing Address  
**80 SW 8TH STREET**  
**#2180**  
**MIAMI, FL 33130 US**

40016031



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**65-0266513**

Applied For  
 Not Applicable

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

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

**LOLI, ORLANDO**  
**80 SW 8TH STREET**  
**#2180**  
**MIAMI, FL 33130**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME               | STREET ADDRESS   | CITY-ST-ZIP     | <input type="checkbox"/> Delete     |
|-------|--------------------|------------------|-----------------|-------------------------------------|
| P     | LOLI, ORLANDO      | 80 SW 8TH STREET | MIAMI, FL 33130 | <input type="checkbox"/>            |
| VD    | ANDERSON, ELECTRA  | 80 SW 8TH STREET | MIAMI, FL 33130 | <input checked="" type="checkbox"/> |
| SD    | SORIA, PEDRO G     | 80 SW 8TH STREET | MIAMI, FL 33130 | <input type="checkbox"/>            |
| TD    | LOJO, ANTONIO      | 80 SW 8TH STREET | MIAMI, FL 33130 | <input type="checkbox"/>            |
| D     | SUCCAR, JUAN       | 80 SW 8TH STREET | MIAMI, FL 33130 | <input type="checkbox"/>            |
| D     | VALDERRAMA, JOSE L | 80 SW 8TH STREET | MIAMI, FL 33130 | <input checked="" type="checkbox"/> |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME            | STREET ADDRESS   | CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|-----------------|------------------|----------------|---|
| VD/TD | LOJO, ANTONIO   | 80 SW 8TH STREET | MIAMI FL 33130 | <input checked="" type="checkbox"/>                               |
| D     | NELSON ALVARADO | 80 SW 8TH STREET | MIAMI FL 33130 | <input checked="" type="checkbox"/>                               |

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 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 empowered.

**SIGNATURE:** \_\_\_\_\_ **02/07/2007** **(305) 349 5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #