

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006997

Entity Name: D.B. PERU INC.

Current Principal Place of Business:

9737 OLD PATINA WAY
ORLANDO, FL 32832

Current Mailing Address:

9737 OLD PATINA WAY
ORLANDO, FL 32832 US

FEI Number: 56-2315995

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BOWIE, DARLENE D
9737 OLD PATINA WAY
ORLANDO, FL 32832 US

FILED
Apr 11, 2015
Secretary of State
CC0982433563

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BOWIE, DARLENE
Address 9737 OLD PATINA WAY
City-State-Zip: ORLANDO FL 32832

Title VP
Name PEÑA MONTEJO, RENZO
Address JR. CRESPO Y CASTILLO N°251, LOS OLIVOS
City-State-Zip: LIMA 00000

Title TREASURER, DIRECTOR
Name ACHENBAUGH, NORVA
Address 5920 SONOMA CT
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name ANDERSON, CINDI
Address 34831 N 30TH AVE.
City-State-Zip: PHOENIX AZ

Title DIRECTOR
Name MEYER, PEG
Address 4149 WOODLAND CT
City-State-Zip: GRAPEVINE TX 76051

Title DIRECTOR
Name HAMBURGER, ROMELIA
Address 229 W 116TH ST. #5C
City-State-Zip: NEW YORK NY 10026

Title SECRETARY, DIRECTOR
Name GALLOWAY, YVONNE
Address 1664 COLUMBIA CT.
City-State-Zip: HOUSTON TX 77008

Title DIRECTOR
Name DEANGELIS, DONNA
Address 11 HUNTING AVE.
City-State-Zip: SHREWSBURY MA 01545

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE BOWIE

PRESIDENT

04/11/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLACKBURN, SHARON
Address 52 BARRETT HILL RD.
City-State-Zip: WILTON NH 03086