

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006997

Entity Name: D.B. PERU INC.

**Current Principal Place of Business:**

1918 HILLCREST ST.  
ORLANDO, FL 32803

**Current Mailing Address:**

1918 HILLCREST ST.  
ORLANDO, FL 32803 US

FEI Number: 56-2315995

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

BOWIE, DARLENE D  
1918 HILLCREST ST.  
ORLANDO, FL 32803 US

*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        1918 HILLCREST ST.  
City-State-Zip: ORLANDO FL 32803

Title            VP  
Name            PEÑA MONTEJO, RENZO  
Address        CALLE TERUEL CUADRA 1 A 11  
                  LA MOLINA  
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 85086

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

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

Title            DIRECTOR  
Name            GRISWOLD, ANN  
Address        38 JENARD DR.  
City-State-Zip: MORRISTOWN NJ 07960

Title            DIRECTOR  
Name            MEADOWS, SARA  
Address        1318 OAKHAVEN ROAD  
City-State-Zip: KNOXVILLE TN 37932

*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

03/30/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date