

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N03000006997

**Apr 14, 2016**

**Entity Name:** D.B. PERU INC.

**Secretary of State  
CC0056530530**

**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

*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        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

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

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

**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 D BOWIE

**PRESIDENT**

**04/14/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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