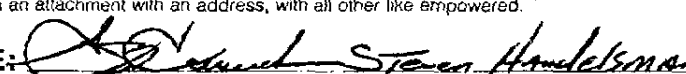


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # S17687					
1. Entity Name HANDELSMAN PERUVIAN AVENUE CORPORATION					
Principal Place of Business 250 WORTH AVENUE UNIT 4 PALM BEACH FL 33480			Mailing Address 250 WORTH AVENUE UNIT 4 PALM BEACH FL 33480		
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 22-3086833	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH FL 33480				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May F Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Add
NAME	HANDELSMAN, BURTON			NAME	
STREET ADDRESS	250 WORTH AVE. UNIT 4			STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL			CITY - ST - ZIP	
TITLE	DST	☐ Delete		TITLE	☐ Change ☐ Add
NAME	HANDELSMAN, LUCILLE			NAME	
STREET ADDRESS	250 WORTH AVE. UNIT 4			STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL			CITY - ST - ZIP	
TITLE	DVP	☐ Delete		TITLE	☐ Change ☐ Add
NAME	HANDELSMAN, STEVEN			NAME	
STREET ADDRESS	18 HOTEL DR			STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY			CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06
Date
Ordinary Phone #