


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L08525
 1. Entity Name
 PEARL OF THE ORIENT, INC.



Principal Place of Business 1986 KINGSLEY AVENUE ORANGE PARK, FL 32073-4442	Mailing Address 1986 KINGSLEY AVENUE ORANGE PARK, FL 32073-4442
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2956420	Applied For Not Applicabl.
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BENGO, YOLANDA M
 2567 JESSICA LN
 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000123175
 04/21/04-80060-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ADKINS, (CELY) ARACELI 1986 KINGSLEY AVENUE ORANGE PARK, FL 320734442
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: YMBENGO **YMBENGO** 4-15-04 (904) 272-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #