## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

Ju & mas

## May 05, 2005 8:00 am Secretary of State DCCUMENT # L08525 05-05-2005 90114 003 \*\*\*150.00 PEARL OF THE ORIENT, INC. Principal Place of Business Mailing Address 50049648 1986 KINGSLEY AVENUE 1986 KINGSLEY AVENUE ORANGE PARK, FL 32073-4442 ORANGE PARK, FL 32073-4442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2956420 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent same BENGO, YOLANDA M Street Address (P.O. Box Number is Not Acceptable) 2567 JESSICA LN JACKSONVILLE, FL 32210 10540 Napoleon ct K50 nv//6. 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. 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DΡ ☐ Delete TITLE ☐ Change ☐ Addition ADKINS, (CELY) ARACELI NAME NAME STREET ADDRESS 1986 KINGSLEY AVENUE STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 320734442 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE 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 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

M. BENIGO

YOLANDA

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904)

781-2853

Daytime Phone #

**FILED**