

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074003

Entity Name: LA PERLA 1208, CORP.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

820 S. HOLLYBROOK DR.
#105
PEMBROKE PINES, FL 33025

New Principal Place of Business:

18555 NE 14 AV
503
NORTH MIAMI, FL 33179

Current Mailing Address:

820 S. HOLLYBROOK DR.
#105
PEMBROKE PINES, FL 33025

New Mailing Address:

18555 NE 14 AV
503
NORTH MIAMI, FL 33179

FEI Number: 02-0636927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETINAEIANA, ARAZI
820 S. HOLLYBROOK DR.
#105
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

BETINAEIANA, ARAZI
18555 NE 14 AV
503
NORTH MIAMI, FL 33179 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ARAZI, BETINA ELIANA
Address: 820 S. HOLLYBROOK DR. #105
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: LITMAN DE ARAZI, MARTHA ROSA
Address: GOROSTIAGA 1749
City-St-Zip: CAPITAL FEDERAL, ARGENTINA,

Title: TD () Delete
Name: ARAZI, MARCOS
Address: GOROSTIAGA 1749
City-St-Zip: CAPITAL FEDERAL, ARGENTINA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ARAZI, BETINA ELIANA
Address: 18555 NE 14 AV
City-St-Zip: NORTH MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETINA ARAZI

PSD

04/30/2005

Electronic Signature of Signing Officer or Director

Date