

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008878

FILED
Jan 07, 2008
Secretary of State

Entity Name: BLACK PEARL DIVE CENTER, INC.

Current Principal Place of Business:

12614 N. KENDALL DR.
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12614 N. KENDALL DR.
MIAMI, FL 33186

New Mailing Address:

FEI Number: 32-0138327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JULIE A
11878 SW 81ST ST
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, JULIE A
Address: 11735 SW 138TH AVE
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MILLER, JAMES L
Address: 11735 SW 138TH AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, JULIE A
Address: 11878 SW 81ST STREET
City-St-Zip: MIAMI, FL 33183

Title: VP (X) Change () Addition
Name: MILLER, JAMES L
Address: 11878 SW 81ST STREET
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JULIE A MILLER

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date