

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000017084**

1. Entity Name  
PEARL SIEGAL FAMILY HOLDINGS, INC.



Principal Place of Business 3900 ISLAND BLVD APT 203-B NORTH MIAMI BEACH, FL 33160	Mailing Address 3900 ISLAND BLVD APT 203-B NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0916938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NELSON, BARRY A  
C/O NELSON & ASSOC. P.A.  
2775 SUNNY ISLES BLVD SUITE 118  
NORTH MIAMI BEACH, FL 33160

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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 reinstating) DATE \_\_\_\_\_

**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

000000112163  
04/14/04-80011-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTIN, DORIS B 3900 ISLAND BLVD APT 203-B NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDALMAN, MARLENE J 3511 RIVIERA COURT SUGARLAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGAL, LAWRENCE M 833 GLADSTONE DR VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** DORIS B. SUTTIN *Doris Suttin* x 4/9/04 x 305-937-1909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #