


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90565 041 \*\*\*150.00

**DOCUMENT # P99000017084**

1. Entity Name  
**PEARL SIEGAL FAMILY HOLDINGS, INC.**



Principal Place of Business      Mailing Address

3900 ISLAND BLVD APT 203-B      3900 ISLAND BLVD APT 203-B  
 NORTH MIAMI BEACH, FL 33160      NORTH MIAMI BEACH, FL 33160

**20036310**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04142005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0916938**      Not Applicable

5. Certificate of Status Desired            \$8.75 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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTIN, DORIS B</b>	NAME	
STREET ADDRESS	<b>3900 ISLAND BLVD APT 203-B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDALMAN, MARLENE J</b>	NAME	
STREET ADDRESS	<b>3511 RIVIERA COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUGARLAND, TX 77479</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGAL, LAWRENCE M</b>	NAME	
STREET ADDRESS	<b>833 GLADSTONE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERNON HILLS, IL 60061</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DORIS B SUTTIN**      X      4-14-05      305.937-1909

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