

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



03242006    No Chg-P    CR2E034 (11/05)

4. FLI 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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000525383  
 05/04/06-80031-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUTTIN, DORIS B
STREET ADDRESS	3900 ISLAND BLVD APT 203-B
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D
NAME	ANDALMAN, MARLENE J
STREET ADDRESS	3511 RIVIERA COURT
CITY-ST-ZIP	SUGARLAND, TX 77479
TITLE	D
NAME	SIEGAL, LAWRENCE M
STREET ADDRESS	833 GLADSTONE DR
CITY-ST-ZIP	VERNON HILLS, IL 60061
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 exemptions contained 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 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 B SUTTIN*      *4/21/06*      *3059371905*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #