

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 344503

1. Entity Name
PEARL INVESTMENT CO



Principal Place of Business
6854 WEST FLAGLER STREET
MIAMI, FL 33144

Mailing Address
6854 WEST FLAGLER STREET
MIAMI, FL 33144



DO NOT WRITE IN THIS SPACE

05182005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1289330** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, CARIDAD
7720 BEACH VIEW DR
MIAMI, FL 33141

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GONZALEZ, CARIDAD
STREET ADDRESS	7720 BEACH VIEW DR
CITY-ST-ZIP	NORTH BAY VILLAGE, FL
TITLE	SD
NAME	GONZALEZ, CARIDAD
STREET ADDRESS	7720 BEACH VIEW DR.
CITY-ST-ZIP	BAY VILLAGE, FL 00000,
TITLE	PD
NAME	GONZALEZ, CARIDAD
STREET ADDRESS	7720 BEACH VIEW DR
CITY-ST-ZIP	N BAY VILLAGE, FL
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: *Caridad Gonzalez* **5-18-05** (305) 266-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #