

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**



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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GONZALEZ, CARIDAD
7720 BEACH VIEW DR
MIAMI, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GONZALEZ, CARIDAD
7720 BEACH VIEW DR
NORTH BAY VILLAGE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GONZALEZ, CARIDAD
7720 BEACH VIEW DR.
BAY VILLAGE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GONZALEZ, CARIDAD
7720 BEACH VIEW DR
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

U000000367938
05/23/05-80007-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-05 (305) 266-1413
Date Daytime Phone #