


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 344503 1. Entity Name PEARL INVESTMENT CO	
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Principal Place of Business 6854 WEST FLAGLER STREET MIAMI, FL 33144	Mailing Address 6854 WEST FLAGLER STREET MIAMI, FL 33144
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04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1289330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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

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
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05/05/06-80047-005 150.00

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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: *X Caridad Gonzalez* 4-10-06 X 305.643.3873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #