


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90092 030 \*\*\*150.00

**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**

**40063430**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04122007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent  
 Name **GONZALEZ, CARIDAD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14361 SW 28 ST**  
 City **MIAMI** FL Zip Code **33125**

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]* DATE: **4-12-07**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARIDAD	
STREET ADDRESS	7720 BEACH VIEW DR	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARIDAD	
STREET ADDRESS	7720 BEACH VIEW DR.	
CITY-ST-ZIP	BAY VILLAGE, FL 00000,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARIDAD	
STREET ADDRESS	7720 BEACH VIEW DR	
CITY-ST-ZIP	N BAY VILLAGE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	<b>14361 SW 28 ST</b>		
CITY-ST-ZIP	<b>MIAMI FL 33125</b>		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	<b>14361 SW 28 ST</b>		
CITY-ST-ZIP	<b>MIAMI FL 33125</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* DATE: **04/12/07** (305) 6424606

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