


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 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



03182008 No Chg-P CR2E034 (11/05)

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
 14361 SW 28 ST
 MIAMI, FL 33175

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000873263
 04/10/08-80071-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GONZALEZ, CARIDAD
STREET ADDRESS	14361 SW 28 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD
NAME	GONZALEZ, CARIDAD
STREET ADDRESS	14361 SW 28 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	PD
NAME	GONZALEZ, CARIDAD
STREET ADDRESS	14361 SW 28 ST
CITY-ST-ZIP	MIAMI, FL 33175
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 fees empowered.

SIGNATURE: *Caridad Gonzalez* 03/18/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #