2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 344503 ✓

1. Entity Name
PEARL INVESTMENT CO

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

Signature, typed or printed name of registered agent and title if applicable   (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	U000000873268 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____   03/18/08

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