## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # 494532

1. Entity Name

PEARL ARTIST & CRAFT SUPPLY CORP.



Principal Place of Business

Mailing Address

1033 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334 US 1033 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334 FILED Feb 13, 2008 08:00 AM Secretary of State



01242008

No Chg-P

CR2E034 (11/05)

4. FEI Number. 59-1657012 Applied For Not Applicable

"5.5 Certificate of Status Desired\*

\$8.7.5 Additional

6. Name and Address of Current Registered Agent

PERLMUTTER, ROSALIND 1033 E OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334

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FT. LAUDI	ERDALE, FL 33334			IN.	THIS SPAC	
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).						
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cińg	\$5.00 May Be Added to Fees	to the second	
10.	OFFICERS AND DIREC	TORS				hencie sazmiaza
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PERLMUTTER, ROSALIND 1033 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334				U000008268	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR FRIEDMAN, LOIS 1033 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334				02/21/08-8006 02/21/08-8006	5 002 158 75
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TITLE NAME						

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 appears in all other like empowered.

SIGNATURE:

BIGNATURE AND TYPE OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

CHY-SI-ZIP

\_\_\_\_

Daytime Phone #