

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005980

Entity Name: WHITE PEARL LAND, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5576151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FAFIAN, ALBERTO
Address: DOLORES 217
City-St-Zip: 1407 C.F. BUENOS ARIES, ARGE,

Title: VTD () Delete
Name: CRUZ, NORMA E
Address: DOLORES 217
City-St-Zip: 1407 C.F. BUENOS ARIES, ARGE,

Title: D () Delete
Name: FAFIAN, YANINA N
Address: DOLORES 217
City-St-Zip: C.F. BUENOS ARIES, ARGENTINA,

Title: D () Delete
Name: FAFIAN, GONZALO A
Address: DOLORES 217
City-St-Zip: C.F. BUENOS ARIES, ARGENTINA,

Title: D () Delete
Name: FAFIAN, MARISOL
Address: DOLORES 217
City-St-Zip: C.F. BUENOS ARIES, ARGENTINA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO FAFIAN

PSD

02/26/2007

Electronic Signature of Signing Officer or Director

Date