## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2006 08:00 Al Secretary of State

CR2E034 (11/05)

| $\Box$ | OCL          | INA   | ENT    | · # .       | 1251         | 99 |
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1. Entity Name
PERL PROPERTIES, INC.

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Principal Place of Business

% ROGER J. MERRITT STE. #218, 300-41 ST. MIAMI BEACH, FL 33140 Mailing Address

% ROGER J. MERRITT STE. #218, 300-41 ST. MIAMI BEACH, FL 33140



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 4. FEI Number<br>58-1723510      | <br>Applied For                   |
|----------------------------------|-----------------------------------|
| 08-1/23010                       | Not Applicable                    |
| 5. Certificate of Status Desired | \$8.75 Additional<br>Fee Required |

MERRITT, ROGER J. 300 -41 ST STE 218

MIAMI BEACH, FL 33140

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No Chg-P

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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 tille               | f applicable. (NOTE: Registered                      | Agent signature       | i<br>required when reinstating)         | DATE  |  |  |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00                  | Election Campaign Finan     Trust Fund Contribution. |                       | \$5,00 May Be<br>Added to Fees          | "   |  |  |  |  |  |
| 10.   | OFFICERS AND DIREC   | CTORS  |                       |   |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSDT<br>PERLSTEIN, MEYER I.<br>SUITE 140, 755 MT. VERNON HWY.<br>ATLANTA, GA | . ~  |                       |   | Janus Karton arang series series  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                       |   | 000000519388<br>05/02/06-80052-008 150.00   |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                       |   | NOT WRITE   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZP  |  |  |                       | <b>IN</b> '                             | THIS SPACE  |  |  |  |  |  |
| TRILE NAME STREET ADDRESS CHY-ST-ZIP  |  | . <u> </u>   | ·                     |   | • .   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                       |   | أنسينين من من نام نام نام المار ا |  |  |  |  |  |

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Flautima Phone