

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K83225**

1. Entity Name  
**PEARL COLLECTION, INC.**



Principal Place of Business  
**3655 N.W. 71ST STREET  
MIAMI, FL 33147**

Mailing Address  
**3655 N.W. 71ST STREET  
MIAMI, FL 33147**



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0162165**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PEREZ SR., ADOLFO  
3655 NW 71 ST  
MIAMI, FL 33147**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PEREZ SR., ADOLFO
STREET ADDRESS	3655 NW 71 ST
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	TR
NAME	PEREZ, ADA
STREET ADDRESS	3655 N.W. 71ST STREET
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	S
NAME	PEREZ JR., ADOLFO
STREET ADDRESS	3655 N.W. 71ST STREET
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000103145  
04/05/04-80044-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**ADOLFO PEREZ, Jr. 3/30/04 305-836-8180**

Date

Daytime Phone #