2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 08:00 AM Secretary of State

	AL REPORT		100 10, 2000 00:00	
DOCUMENT # L88923 1. Entity Name FASHION PEARLS, INC.			Secretary of Sta	ıte
Principal Place of Business 11401 PINES BLVD., #270 PEMBROKE PINES, FL 33026	Mailing Address 11401 PINES BLVD., #270 PEMBROKE PINES, FL 33026		A STRUMENT REST COURT COURT COURS THE RIGHT REACT REACT RESULT ASSULT A STRUCTURE OF FREE	
DO NOT WRIT	TE IN THIS SPA	CE	02142005 No Chg-P CR2E034 (10/03) 4. FEI Number	or
KOPROWSKI, PAUL A CPA 10031 PINES BLVD., #224 PEMBROKE PINES, FL 33024			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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$5			5.00 May Be 1000000235329 1000000235329 1000000235329 1000000235329 1000000235329 1000000235329 1000000235329 100000000235329 100000000000000000000000000000000000	0
TITLE PD HEMNAI, ASHOK 1638 SW 158TH AVE PEMBROKE PINES, FL 330 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AND DIRECTORS		. : •	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied	with this filling does not qualify for the exe	mption stated in Se	Section 119.07(3)(1), Florida Statutes. I further certify that the informati	íon
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 instee, 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 THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLEASE Date Dayline Phone				
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