

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**4. May 27, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90317 042 \*\*\*\*61.25

**DOCUMENT # N04000002414**  
 1. Entity Name  
 PUMPS, PEARLS, AND PORTFOLIOS, INC.



Principal Place of Business  
 6200 SW 62ND PLACE  
 SOUTH MIAMI, FL 33143

Mailing Address  
 6200 SW 62ND PLACE  
 SOUTH MIAMI, FL 33143

**66019501**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 34-1989365

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

JOHNSON, SHARON  
 6200 SW 62ND PLACE  
 SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, SHARON K	
STREET ADDRESS	6200 SW 62ND PLACE	
CITY-ST-ZIP	S MIAMI, FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, REGINA	
STREET ADDRESS	16520 NW 21ST AVENUE	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEPHEN, HANS	
STREET ADDRESS	401 NW 2ND AVENUE N826	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Sharon K. Johnson* *Sharon K. Johnson* 4/27/05 305 858 3335 ext. 304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #