2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

525 UNITED STREET KEY WEST FL 33040

DOCUMENT # P00000054782

1. Entity Name

Principal Place of Business

2. Principal Place of Business

525 UNITED STREET KEY WEST FL 33040

Suite, Apt. #, etc.

City & State

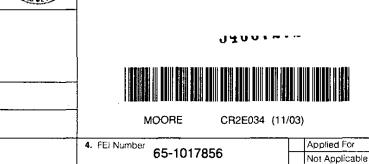
SIGNATURE

PEARL'S PROPERTIES OF KEY WEST, INC.



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90991 029 ***150.00



Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered 6. Name and Address of Current Registered Agent

OROPEZA, SCOTT G 815 PEACOCK PLAZA KEY WEST FL 33040

Name							
Street Address (P.O. Box N	lumber is Not Acceptable)						
City		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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEONELLI, LESLIE 525 UNITED STREET KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARRUTHERS, HEATHER 525 UNITED STREET KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	المستاح المستاح	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR