## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000048059**

1. Entity Name

PERLA DESIGN ENTERPRISES, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

6245 S.W. 192 AVE FORT LAUDERDALE, FL 33331 Mailing Address

6245 S.W. 192 AVE

FORT LAUDERDALE, FL 33331



## DO NOT WRITE IN THIS SPACE

04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0695355

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRUSBERG, PERLA S 6245 S.W. 192 AVE FORT LAUDERDALE, FL 33332

## DO NOT WRITE IN THIS SPACE

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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 title	If applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUSBERG, PERLA 6245 S.W. 192 AVE FORT LAUDERDALE, FL 33332				000000726849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		Ī		05/04/07-80024-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 repert of 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 of the reserver 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 changed, or on an attachment wift an address, with all otherwise movement.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-67