

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000054688**

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



Principal Place of Business  
**1033 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33334**

Mailing Address  
**1033 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0555024**

Applied For  
Not Applicable

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

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

**HERMAN, ALISON P  
2800 PONCE DE LEON BOULEVARD  
SUITE 1125  
CORAL GABLES, FL 33134**

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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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PERLMUTTER, ROSALIND
STREET ADDRESS	1033 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	VP
NAME	FRIEDMAN, LOIS
STREET ADDRESS	1088 EAST OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000630207  
02/19/07-80031-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lois Friedman* **Lois Friedman** 01/23/07 954-567-6319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #