2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000035444

FILED Jul 13, 2005 8:00 am Secretary of State 07-13-2005 90015 037 ***550.00

1. Entity Nam PEARLNE	ET SYSTEM, INC.								
Principal Place of Business		Mailing Address				2000	ነባባቦል		
5346 NW 48TH STREET COCONUT CREEK, FL 33073		5346 NW 48TH STREET COCONUT CREEK, FL 33073)		3264		RIÐUS II VÆÐI	
2. Principal Place of Business		3. Malling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		****	01172005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Numbe 65-1045				plied For t Applicable
Zip	Country	Zip	Countr	ry		of Status Desired		8.75 Add	litional
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
KONDAPALLY, RAJ 5346 NW 48TH STREET				P.O. Boy Numba	r is Not Acceptable				
	T CREEK, FL 33073			Officer Address (i	T.O. DOX Numbe		···		···
				City			FL	Zip Code	е
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	d office or register	red agent, or both	n, in the State of Flo		 amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.(9. Election Campaig Trust Fund Contr		~	.00 May Be ed to Fees				
10. TITLE	OFFICERS AND		11,		ADDITIONS/	CHANGES TO OFF	CERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	BALMURI, SHARMILA 5346 NW 48TH STREET	□ Delete		ET ADDRESS				☐ Change	☐ Addition
TITLE	COCONUT CREEK, FL 33073	☐ Delete	TITLE	ST-ZIP		·	<u> </u>	Change	☐ Addition
NAME STREET ADDRESS			NAME					C) Givening	Addition
CITY-ST-ZIP				et address est-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP			-	Change	Addition
12. I hereby of indicated of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor . or on an attachment with an address we	this filing does not qualify for true and accurate and that m owered to execute this report	the exen ny signati as require	nption stated in Se ure shall have the t ed by Chapter 607	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes. I as if made under o s; and that my name	further certicath; that I are appears in	fy that the in m an officer Block 10 or	nformation or director r Block 11 if

1-28-05

Daytime Phone #