


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90070 013 \*\*\*150.00

DOCUMENT # P02000073984

1. Entity Name  
LA PERLA 3605, CORP



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>17600 COLLINS AVENUE</u>		3. Mailing Address <u>17600 COLLINS AVENUE</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>SUNNY ISLES, FLORIDA</u>		City & State <u>SUNNY ISLES, FLORIDA</u>	
Zip <u>33160</u>	Country <u>USA</u>	Zip <u>33160</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number  
55-0792342

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CLAUDIA MORENO

Street Address (P.O. Box Number is Not Acceptable)  
17600 COLLINS AVENUE

City SUNNY ISLES FL Zip Code 33160

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 CLAUDIA MORENO DATE 01/13/2003

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

January - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/S DAVID MIZRAHI 17600 COLLINS AVENUE SUNNY ISLES, FL 33160</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Mizrahi DATE 02/27/2003 DAYTIME PHONE # (305) 9177600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)