

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074003

Entity Name: LA PERLA 1208, CORP.

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

16699 COLLINS AV  
1208  
NORTH MIAMI, FL 33160

## Current Mailing Address:

16699 COLLINS AV  
1208  
NORTH MIAMI, FL 33160

## New Principal Place of Business:

2775 NE 187 ST  
316  
AVENTURA, FL 33180

## New Mailing Address:

2775 NE 187 ST  
316  
AVENTURA, FL 33180

FEI Number: 02-0636927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BETINAEIANA, ARAZI  
18555 NE 14 AV  
503  
NORTH MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

ISAAC, BENMERGUI  
1045 KANE CONCOURSE  
209  
BAY HARBOR ISLANDS, FL 33154 US

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.

SIGNATURE: ISAAC BEMERGUI

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: ARAZI, BETINA ELIANA  
Address: 16699 COLLINS AV  
City-St-Zip: NORTH MIAMI, FL 33160

Title: VD ( ) Delete  
Name: LITMAN DE ARAZI, MARTHA ROSA  
Address: GOROSTIAGA 1749  
City-St-Zip: CAPITAL FEDERAL, ARGENTINA,

Title: TD (X) Delete  
Name: ARAZI, MARCOS  
Address: GOROSTIAGA 1749  
City-St-Zip: CAPITAL FEDERAL, ARGENTINA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: LITMAN DE ARAZI, MARTHA ROSA  
Address: 16699 COLLINS AV  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETINA ARAZI

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date