


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90252 026 ***150.00

DOCUMENT # P02000098953

1. Entity Name
 LA PERLA 2909, CORP.



Principal Place of Business
 17600 COLLINS AVE
 SUNNY ISLES, FL 33160

Mailing Address
 17600 COLLINS AVE
 SUNNY ISLES, FL 33160

94072750

2. Principal Place of Business
 1760 COLLINS AV

3. Mailing Address
 1760 COLLINS AV

Suite, Apt. #, etc.



04162004 Chg-P CR2E034 (10/03)

City & State
 Sunny Isles, FLORIDA

City & State
 Sunny Isles, FLORIDA

4. FEI Number
 52-2377285

Applied For
 Not Applicable

Zip
 33160

Country
 U.S.A

Zip
 33160

Country
 U.S.A

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

6. Name and Address of Current Registered Agent

MORENO, CLAUDIA
 17000 COLLINS AVENUE
 NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name
 OSCAR GRIBALES PRACINI ESQ.

Street Address (P.O. Box Number is Not Acceptable)
 1911 HARRISON STREET.

City
 HOLLYWOOD

FL

Zip Code
 33020

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: *Oscar*

(NOTE: Registered Agent Signature required when reinstating)

DATE: 04-27-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	MELLA, ALBINO	
STREET ADDRESS	17600 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELLA, LEONARDO D	
STREET ADDRESS	17600 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELLA, JAVIER E	
STREET ADDRESS	17600 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar* POA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04-27-04 9:54 929 0679

Daytime Phone #