2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90009 010 ***150.00

DOCUMENT # P03000081651

1. Entity Name

PEAR PROPERTIES CORPORATION

Principal Place of Business	Mailing Address
7905 MCCLINTOCK WY PORT SAINT LUCIE FL 34952 US	P.O. BOX 8510 PORT SAINT LUCIE FL 34985 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0162919 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANKEL, GERALD 7905 ~~2905~~ MCCLINTOCK WY PORT SAINT LUCIE FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D,P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANKEL, GERALD		NAME	7905 MCCLINTOCK WAY	
STREET ADDRESS	~~6787 FIJI CIRCLE~~		STREET ADDRESS	PORT ST LUCIE, FLORIDA 34952	
CITY-ST-ZIP	~~BOYNTON BEACH FL 33437~~		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANKEL, MARILYN		NAME	7905 MCCLINTOCK WAY	
STREET ADDRESS	~~6787 FIJI CIRCLE~~		STREET ADDRESS	PORT ST LUCIE, FLORIDA 34952	
CITY-ST-ZIP	~~BOYNTON BEACH FL 33437~~		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANKEL, GERALD		NAME		
STREET ADDRESS	7905 MCCLINTOCK WY		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANKEL, MARILYN		NAME		
STREET ADDRESS	7905 MCCLINTOCK WY		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GERALD FRANKEL PRESIDENT 2/14/08 (772) 807-9155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #