

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028196

Entity Name: PERLA FURNITURE, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

285 WEST 29 STREET
HIALEAH, FL 33012

New Principal Place of Business:

5890 SW 2 ST
MIAMI, FL 33144

Current Mailing Address:

285 WEST 29 STREET
HIALEAH, FL 33012

New Mailing Address:

5890 SW 2ND ST
MIAMI, FL 33144

FEI Number: 20-2400446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, MANUEL A
1200 BRICKELL AVENUE SUITE 1440
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RAMIREZ, MANUEL A
1805 PONCE DE LEON
CORAL GABLES, FL 33134 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: COBIAN, MARISA
Address: 1200 BRICKELL AVENUE, SUITE 1440
City-St-Zip: MIAMI, FL 33131

Title: VPD (X) Delete
Name: COBIAN, EULALIA P
Address: 1200 BRICKELL AVENUE, SUITE 1440
City-St-Zip: MIAMI, FL 33131

Title: VPD (X) Delete
Name: PATINO, ELVIRA
Address: 1200 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: COBIAN, MARISA
Address: 5890 SW 2ND ST
City-St-Zip: MIAMI, FL 33174

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

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: MARISA COBIAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date