

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAR -7 AM 10:49

SECRETARY  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000064375

1. Entity Name  
PEARL REVER, P.A.



Principal Place of Business  
2295 S. OCEAN BLVD  
PH 3  
PALM BEACH, FL 33480

Mailing Address  
2295 S. OCEAN BLVD  
PH 3  
PALM BEACH, FL 33480



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0542880

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

REVER, PEARL  
2295 S. OCEAN BLVD  
PH 3  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REVER, PEARL
STREET ADDRESS	2295 S. OCEAN BLVD., PH 3
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100093706761  
03/19/07--01002--021 \*\*150.00

UD000646392  
03/06/07-80082-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

*13 3/8/07*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Pearl Rever*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 23 2007*

Date

Daytime Phone #

561 582 7945