

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90072 004 \*\*\*158.75

**DOCUMENT # P94000047135**

1. Entity Name  
**PEARL CLEANERS, INC.**



Principal Place of Business  
**17161 NW 27TH AVE  
MIAMI, FL 33056 US**

Mailing Address  
**17161 NW 27TH AVE  
MIAMI, FL 33056 US**

4004002



2. Principal Place of Business

3. Mailing Address

*Same as above*

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0517480**

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

**HASAN, SHAHAB  
2075 NE 164 ST #212  
NORTH MIAMI BEACH, FL 33162**

Name **MUSHTAQ HUSSAIN**

Street Address (P.O. Box Number is Not Acceptable) **15150 S.W. Sand Street**

**Miramar**

City **FL** Zip Code **33027**

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, 2006 Fee will be \$550.00**

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 **P** ☒ Delete  
NAME **HASAN, SHAHAB**  
STREET ADDRESS **2075 NE 164TH ST STE 212**  
CITY-ST-ZIP **N MIAMI BEACH, FL**

TITLE **(P)** ☒ Change ☒ Addition  
NAME **MUSHTAQ HUSSAIN**  
STREET ADDRESS **15150 S.W. Sand St.**  
CITY-ST-ZIP **Miramar FL 33027**

TITLE **VP** ☐ Delete  
NAME **HUSSAIN, MUSHAIQ**  
STREET ADDRESS **450 NE 210 CIRCLE TERRACE #203**  
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/06 305 625-3238