

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 046 ***158.75

DOCUMENT # P96000070404	
1. Entity Name PERLA USA CORP.	

Principal Place of Business C/O STEVEN M. CHARCHAT PA 848 BRICKELL AVENUE SUITE 1040 MIAMI, FL 33131	Mailing Address C/O STEVEN M. CHARCHAT PA 848 BRICKELL AVENUE SUITE 1040 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0708793	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHARCHAT, STEVEN M ESQ 848 BRICKELL AVENUE SUITE 1040 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DE LOVERA, PERLA M <input checked="" type="checkbox"/> Delete % 848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE LOVERA, PERLA M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o 848 Brickell Avenue, Suite 1040 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE WERNER, MARIA I <input checked="" type="checkbox"/> Delete % 848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DE WERNER, MARIA ISABEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o 848 Brickell Avenue, Suite 1040 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE SPERANDIO, CARMEN <input checked="" type="checkbox"/> Delete % 848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DE SPERANDIO, CARMEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o 848 Brickell Avenue, Suite 1040 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUQUE, CAROLINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition c/o 848 Brickell Avenue, Suite 1040 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carolina Duque **CAROLINA DUQUE** 4/2/05 (954) 9704324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #