


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90061 011 ***150.00

DOCUMENT # P02000074003

1. Entity Name
LA PERLA 1208, CORP.



Principal Place of Business
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

Mailing Address
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131



2. Principal Place of Business
820 S hollybrook Dr
Suite, Apt. #, etc.
105
City & State
P. Pines
Zip
33025
Country
US

3. Mailing Address
820 S hollybrook Dr
Suite, Apt. #, etc.
105
City & State
P. Pines
Zip
33025
Country
US

CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0636927

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
BETINA ELIANA ARAZI
Street Address (P.O. Box Number is Not Acceptable)
820 S hollybrook Dr
105
City
P. Pines FL
Zip Code
33025

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 *Betina ARAZI (pres)* DATE 02/26/03

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, 2003-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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARAZI, BETINA ELIANA DELGADO 1270 CAPITAL FEDERAL, ARGENTINA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LITMAN DE ARAZI, MARTHA ROSA GOROSTIAGA 1749 CAPITAL FEDERAL, ARGENTINA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARAZI, MARCOS GOROSTIAGA 1749 CAPITAL FEDERAL, ARGENTINA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARAZI, BETINA ELIANA 820 S hollybrook Dr #105 P. Pines FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 living empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT *Betina ARAZI* DATE 02/26/03 3059455065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)