


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 483574
 1. Entity Name
PIERSON DISTRIBUTORS, INC.



Principal Place of Business Mailing Address
1145 BELLE MEADE ISLAND DRIVE **1145 BELLE MEADE ISLAND DRIVE**
MIAMI, FL 33138 US **MIAMI, FL 33138 US**

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1616202 Not Applicable

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

6. Name and Address of Current Registered Agent
PIERSON, RONALD E
1145 BELLE MEADE ISLAND DR
MIAMI, FL 33138-5253

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, RONALD 1145 BELLE MEADE ISLAND MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PIERSON, DEBORAH 1145 BELLE MEADE DR MIAMI, FL
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 04/02/07-80010-013 150.00

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 *Deborah Pierson* *Deborah Pierson* **3-6-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **786-4123645**