2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 023 ***150.00

DOCUMENT # 327944

1. Entity Name

PIERSON INDUSTRIES, INC.

50026578

Principal Place of Business	Mailing Address
13715 NW 22ND AVENUE OPA-LOCKA FL 33054	13715 NW 22ND AVENUE OPA-LOCKA FL 33054

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1145 BELLE MEADE ISD. DR	PO BOX 1208
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State **MIAMI, FL.**	City & State **OPA-LOCKA, FL.**
Zip **33138** Country **DADE**	Zip **33054** Country **DADE**

4. FEI Number 59-1399787	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
WEINTRAUB,ALBERT L 21 NE FIRST AVE MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PEIRSON, MALCOLM		NAME			
STREET ADDRESS	13105 CAIRO LANE		STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA, FL 00000		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PIERSON, RONALD E		NAME			
STREET ADDRESS	1145 BELLEMEADE DR		STREET ADDRESS			
CITY-ST-ZIP	MAIMI, FL 00000		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WEINTRAUB, ALBERT L		NAME			
STREET ADDRESS	21 NE 1ST AVE 13TH FL		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: MALCOLM PIERSON   3/10/05   305-681-7474

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