


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90054 030 \*\*\*158.75

|   |                                     |     |   |   |  |
|---|-------------------------------------|-----|---|---|--|
| <b>DOCUMENT # 383427</b>  |                                     |     |   |    |  |
| 1. Entity Name<br><b>PIERSON ENTERPRISES, INC.</b>  |                                     |     |   |   |  |
| Principal Place of Business<br><b>3545 NW 33RD STREET<br/>MIAMI FL 33142<br/>US</b>   |                                     |     | Mailing Address<br><b>3545 NW 33RD STREET<br/>MIAMI FL 33142<br/>US</b> |   |  |
| 2. Principal Place of Business  |                                     |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                                     |     | Suite, Apt. #, etc.   |   |  |
| City & State  |                                     |     | City & State  |   |  |
| Zip   | Country                             | Zip | Country   | 4. FEI Number <b>59-1351547</b>   |  |
|   |                                     |     |   | Applied For<br>Not Applicable   |  |
|   |                                     |     |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PIERSON, GRANNIS C.<br/>131 NW 207TH AV<br/>PEMBROKE PINES FL 33029</b>   |                                     |     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                     |     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                     |     |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |  |
| 10. OFFICERS AND DIRECTORS  |                                     |     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE   | D <input type="checkbox"/> Delete   |     |   | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PIERSON, GRANNIS H                  |     |   | NAME  | <b>CINDY L. JOYNER</b>   |
| STREET ADDRESS  | 601 WREN AVE                        |     |   | STREET ADDRESS  | <b>4323 YOUNG ST.</b>  |
| CITY-ST-ZIP   | MIAMI FL 33166                      |     |   | CITY-ST-ZIP   | <b>PASADENA, TX 77504</b>  |
| TITLE   | STD <input type="checkbox"/> Delete |     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  | PIERSON, GLORIA A                   |     |   | NAME  |  |
| STREET ADDRESS  | 601 WREN AVE                        |     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | MIAMI FL 33166                      |     |   | CITY-ST-ZIP   |  |
| TITLE   | PD <input type="checkbox"/> Delete  |     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  | PIERSON, GRANNIS C                  |     |   | NAME  |  |
| STREET ADDRESS  | 131 NW 207TH AV                     |     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | PEMBROKE PINES FL 33029             |     |   | CITY-ST-ZIP   |  |
| TITLE   | VD <input type="checkbox"/> Delete  |     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  | PIERSON, ERIC A                     |     |   | NAME  |  |
| STREET ADDRESS  | 9300 SW 82ND ST                     |     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | MIAMI FL 33173                      |     |   | CITY-ST-ZIP   |  |
| TITLE   | D <input type="checkbox"/> Delete   |     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  | PIERSON, LAURIE A.                  |     |   | NAME  |  |
| STREET ADDRESS  | 116 CANTERBURY DR                   |     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | MADISON AL 35758                    |     |   | CITY-ST-ZIP   |  |
| TITLE   | D <input type="checkbox"/> Delete   |     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME  | LETIZIA, KARIN, M                   |     |   | NAME  |  |
| STREET ADDRESS  | 3565 SW 173 WAY                     |     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | MIRAMAR FL 33029                    |     |   | 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:** Gloria A. Pierson **GLORIA A. PIERSON** 2-2-05 (305) 635-3218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #