

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90164 001 ***150.00

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1. Entity Name
PIERSON DISTRIBUTORS, INC.



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

Mailing Address
**1145 BELLE MEADE ISLAND DRIVE
MIAMI, FL 33138 US**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1616202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~retired~~
~~WEINTRAUB, AL~~
~~2250 S.W. 3RD A~~
~~5TH FLOOR~~
~~MIAMI, FL 33129~~
Ronald E. Pierson
1145 Belle Meade Island Dr.
Miami, FL 33138-5253

**DO NOT WRITE
IN THIS SPACE**

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 Deborah Pierson Deborah Pierson Vice-Pres./Sec/Treas. 3-1-06
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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

3D 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PIERSON, DEBORAH
1145 BELLE MEAD ISLAND DR
MIAMI, FL 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-28-06
Date Daytime Phone #