

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90025 033 \*\*\*150.00

**DOCUMENT # 625797**



1. Entity Name  
**PIERO WESTERN, INC.**

Principal Place of Business  
**2633 N.E. 29TH STREET  
FT. LAUDERDALE, FL 33306**

Mailing Address  
**2633 N.E. 29TH STREET  
FT. LAUDERDALE, FL 33306**

**40003518**



2. Principal Place of Business  
**2904 E COMMERCIAL BLVD  
Suite, Apt. #, etc.**

3. Mailing Address  
**14818 BROKEN ARROW PLACE  
Suite, Apt. #, etc.**

01112005 Chg-P CR2E034 (10/03)

City & State  
**FORT LAUDERDALE, FL**

City & State  
**PALM BEACH GARDENS, FL**

4. FEI Number  
**59-1933832**

Applied For  
☐ Not Applicable

Zip  
**33308**

Country  
**BROWARD**

Zip  
**33418**

Country  
**PALM BEACH**

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

**6. Name and Address of Current Registered Agent**

**PEMBERTON, LINDA E.  
2633 N.E. 29TH ST.  
FT. LAUDERDALE, FL 33306**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**14818 BROKEN ARROW PLACE**

City  
**PALM BEACH GARDENS**

**FL**

Zip Code  
**33418**

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**

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  
MENEGAZZI, PIERO  
2633 N.E. 29TH ST.  
FT. LAUDERDALE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
PEMBERTON, LINDA E.  
2633 N.E. 29TH ST.  
FT. LAUDERDALE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**14818 BROKEN ARROW PLACE  
PALM BEACH GARDENS, FL 33418** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**14818 BROKEN ARROW PLACE  
PALM BEACH GARDENS, FL 33418** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/05**

Date

**954-772-6565**

Daytime Phone #