


# FOR PROFIT CORPORATION ANNUAL REPORT

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2011 NOV -8 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT # <b>F10000003546</b>	
1. Entity Name <b>Ciepierski Enterprises</b>	

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2. Principal Place of Business - No P.O. Box # <b>702 Danesbrook Way</b>	3. Mailing Address <b>702 Danesbrook Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Melbourne FL</b>	City & State <b>Melbourne</b>
Zip <b>32940</b>	Country <b>Brevard</b>
City & State <b>Melbourne FL</b>	City & State <b>Melbourne</b>
Zip <b>32940</b>	Country <b>Brevard</b>

4. FEI Number <b>03-0575715</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <b>Liza Ciepierski</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>702 Danesbrook Way</b>	
City <b>Melbourne</b>	FL Zip Code <b>32940</b>

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 <b>Liza Ciepierski</b>	DATE

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	E-mail Address: <b>brclme89@yahoo.com</b> E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE <b>President</b>	<b>Bruce Ciepierski</b> <b>Melbourne FL 32940</b>
NAME <b>Bruce Ciepierski</b>	
STREET ADDRESS <b>702 Danesbrook Way</b>	
CITY-ST-ZIP <b>FL 32940</b>	
TITLE <b>Secretary</b>	<b>Liza Ciepierski</b> <b>Melbourne FL 32940</b>
NAME <b>Liza Ciepierski</b>	
STREET ADDRESS <b>702 Danesbrook Way</b>	
CITY-ST-ZIP <b>32940</b>	
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.	
SIGNATURE: <b>Liza Ciepierski</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE	Daytime Phone #