2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 11, 2005 08:00 AM DOCUMENT # F78449 **Secretary of State** 1. Entity Name PIERCE & REED, INC. Principal Place of Business Mailing Address 3600 N.E.170TH ST.,STE. 305 ATTN ALAN GOLDBERG NORTH MIAMI BEACH FL 33160 3600 N.E.170TH ST., STE. 305 ATTN ALAN GOLDBERG NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0051567 Not Applicab Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, ALAN Street Address (P.O. Box Number is Not Acceptable) 3600 N.E. 170TH ST. #305 NORTH MIAMI BEACH FL 33160 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition **PST** TITLE THILE ☐ Delete GOLDBERG, ALAN NAME MAME STREET ADDRESS 3600 NE 170TH ST., STE 305 CIBELL ADDRESS NORTH MIAMI BEACH FL 33160 CHY-ST-ZIP U000000297977 04/11/05-80049-U13 change 1-U2 Addition CITY ST-ZIP VD ISTER ☐ Delete NAME GOLDBERG, ALAN STREET ADDRESS TIREET ADDRESS 3600 NE 170TH ST., STE 305 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CHY-SE-ZIP ☐ Addition ☐ Delete Hillie Change Tell s NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change 11111 THEE ☐ Delete MAME NAME STREET ADERESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THEF ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CHY-ST-7IP Change Change ☐ Addition ☐ Delete Idal HILL NAME NAME STREET LANDRESS STREET ADDRESS City-SI-7P

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 cath, 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: Alan Goldberg

April 7, 2005

(305)919-8813

FILED