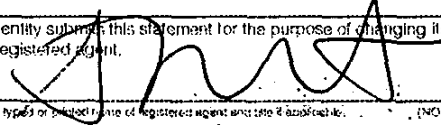


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90412 047 ***150.00

DOCUMENT # G60711 1. Entity Name M. PIERCE, INC.					
Principal Place of Business 10835 S.W. 89TH ST. MIAMI, FL 33176 US			Mailing Address 10835 S.W. 89TH ST. MIAMI, FL 33176 US		
2. Principal Place of Business 10310 SW 136 CT Suite, Apt. #, etc.		3. Mailing Address 10310 SW 136 CT Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-2440953	
Zip 33186		Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, MARVIN 10835 S.W. 89TH ST. MIAMI, FL 33176				7. Name and Address of New Registered Agent Name MARTIN, STEVE Street Address (P.O. Box Number is Not Acceptable) 10310 SW 136 CT City MIAMI FL Zip Code 33186	
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:  STEVE MARTIN P.D. Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, STEVE 10310 SW 136TH CT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERCE, MARY SUSAN 10835 SW 89 STREET MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 13700 SW 108 ST. MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, TAMRA LYNN 10310 SW 136 COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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:  STEVE MARTIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date 3053871112 Daytime Phone	