
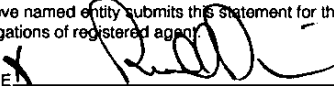



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90031 008 \*\*\*150.00

<b>DOCUMENT # J49469</b> 1. Entity Name <b>PIERRO'S JEWELERS, INC.</b>					
Principal Place of Business <b>6749 MANATEE AVE W</b> <b>BRADENTON, FL 34209 US</b>			Mailing Address <b>6749 MANATEE AVE W</b> <b>BRADENTON, FL 34209 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2822563</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PIERRO, RON C</b> <b>6749 MANATEE AVE W</b> <b>BRADENTON, FL 34209</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: 				DATE: <b>2-17-05</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: PIERRO, RALPH STREET ADDRESS: 6749 MANATEE AVENUE WEST CITY-ST-ZIP: BRADENTON, FL				<input checked="" type="checkbox"/> Delete	
TITLE: <del>PD</del> NAME: PIERRO, RONALD C. STREET ADDRESS: 6749 MANATEE AVENUE WEST CITY-ST-ZIP: BRADENTON, FL				<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 				<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 				<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 				<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 				<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 				<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 				<input type="checkbox"/> Delete	
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: 				DATE: <b>2-17-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

**50017743**



01032005 Chg-P CR2E034 (10/03)

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

**FL** Zip Code

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIERRO, RALPH	
STREET ADDRESS	6749 MANATEE AVENUE WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	PIERRO, RONALD C.	
STREET ADDRESS	6749 MANATEE AVENUE WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #