


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L17828</b>	
1. Entity Name <b>PIOS &amp; SONS ENTERPRISES, INC.</b>	

Principal Place of Business <b>320 ATLANTIC AVE SUNNY ISLES, FL 33160 US</b>	Mailing Address <b>320 ATLANTIC AVE SUNNY ISLES, FL 33160 US</b>
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0198879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ORTIZ, HECTOR M  
320 ATLANTIC AVE  
SUNNY ISLES, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

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: **HECTOR M. ORTIZ, PRESIDENT** **1-22-2008**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>U00000842248 03/11/08-80024-002 150.00</p>
NAME <b>ORTIZ, HECTOR M</b>	
STREET ADDRESS <b>320 ATLANTIC AVENUE</b>	
CITY-ST-ZIP <b>SUNNY ISLES, FL 33160</b>	
TITLE	
NAME	
STREET ADDRESS	<p><b>DO NOT WRITE IN THIS SPACE</b></p>
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: **[Signature]** **1-22-2008** **305.345.5345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #