


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

10P2

<b>DOCUMENT # P00000010098</b> 1. Entity Name <b>CRISTIAN PIELEA ENTERPRISES, INC.</b>						05 SEP 14 AM 1:49 STATE OF FLORIDA	
Principal Place of Business <b>6250 OAKBLUFF WAY LAKE WORTH, FL 33467</b>				Mailing Address <b>6250 OAKBLUFF WAY LAKE WORTH, FL 33467</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0982078</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PIELEA, CRISTIAN 6250 OAKBLUFF WAY LAKE WORTH, FL 33467</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>PIELEA, CRISTIAN 6250 OAKBLUFF WAY LAKE WORTH, FL 33467</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/20/05--01054--017 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>09/20/05--01054--017 \$150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>09.07.2005</b> <small>Daytime Phone #</small>			

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SCOTT H. LUTWAK, C.P.A.  
*Certified Public Accountant*  
1166 W. NEWPORT CENTER DRIVE – SUITE 114  
DEERFIELD BEACH, FL 33442  
(954) 426-4480

August 2, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Critian Pielea Enterprises, Inc..  
P000000010098

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client did not received neither the first UBR notice nor the second, and was unable to file online without the \$400 added to her account, even though the box was checked indicating failure to receive the form., Additionally, your website did not allow for the printing out of a blank form at this time.

Accordingly, I have advised my client to remit payment in the amount of \$150, for failure to receive the correct form on time.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Scott H. Lutwak

SHL/gg