## FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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11 MAY 12 PM 4: 30

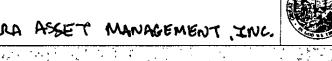
SECHLIARY OF STATE TALLAHASSEE, FLORIDA

Applied For Not Applicable

## DOCUMENT # P00000037662

1. Entity Name

SIERRA ASSET MANAGEMENT, INC.



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2. Principal Place of Bosiness - No P.O. Box#	3. Mailting Address 2937 Beach S	al
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E034B (1/11)
City & States	City & State	4. FEI Number 7/31 P37 Applied
(11/11/0/4/	0017/1010	5 7-362/8// Not Appl
Zip 83707 Country M	Zip 33707 Country	5. Certificate of Status Desired S8.75 Additional Fee Required
11、11日 1111 11 11 11 11 11 11 11 11 11 11 1	7. Name and Address of Current Registered Agent	
	Name	Hexandra Kingzett
THE TAX TO BUILDING HAVE	Street Address	ss (P.O. Box Number is Not Acceptable)

/. Name and Address of Current Registered Agent			
	Name Alexandra Kingzett		
	Street Address (P.O. Box Number is Not Acceptable)	7	-
	130 0 3710136 276		-

	3 Majuran FL 33/0/
8. The above named entity submits this statement for the purpose of changing its registered of	office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	
	· 5/1/11
SIGNATURE Signature, typed or printed name observed agent and title if applicable (NOTE Registered Age	gent signature required when re-instating) DATE
Signature: typed or priored name orangetored agent and title it applicable (NOTE Kegisteted Age	Swit a Bustonia radional wusin ce si arani. 8)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE

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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 empower as required by Chapter 607, Flonda Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like information submitted in a document to the Depart as provided for in s.817.155 F.S.

SIGNATURE: .

NAME STREET ADDRES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR