

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005373

Entity Name: PIQUE, INC.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5335 VILLAGE MARKET  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2689  
PEACHTREE CITY, GA 30269

**New Mailing Address:**

FEI Number: 80-0031130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JIMENEZ-MACIAS, JOSE R  
18417 EASTWYCK DR.  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: JIMENEZ-MACIAS, JOSE R  
Address: 18417 EASTWYCK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: DST  
Name: JIMENEZ, JOSE LUIS  
Address: 2586 WOODGREEN DR  
City-St-Zip: CHAMBLER, GA 30341

Title: DVP  
Name: DEL LA PAZ JIMENEZ, FAVIAN  
Address: 2586 WOODGREEN DR  
City-St-Zip: CHAMBLER, GA 30341

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE JIMENEZ-MACIAS

DP

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date