## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

PROCEDIP Place of Business  BAS 2 % 19/24TH TERRACE DAVIE, FL 33325  2. Principal Place of Business  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  Cit	882 S N 1/24TH TERRACE DAVIE, FL 33325  882 S N 1/24TH TERRACE DAVIE, FL 33325  \$0017404  2. Principal Place of Business  Suife, Apt. F. etc.  Suife, Apt. F. etc.  Suife, Apt. F. etc.  Suife, Apt. F. etc.  City & State  Suife, Apt. F. etc.  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Acades Fee Required  Name Suife Address of New Registered Agent  Tr. Name and Address of New Registe	DOCUMENT # P02000086167  1. Entity Name PIO ENTERPRISES, INC.						02-22-2005 90025 047 ***150.00				
2. Principal Place of Business   3. Mailing Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   D2162005   Chg. P   CR2E034 (10'03)    City & State   City & State   City & State   Applied For 11-3646755   Applied For 11-3	Suste, Apt. F. etc.  Suste, Apt. F. etc.  Suste, Apt. F. etc.  O2162005 ChgP CR2E034 (10/05)  City & State  Street Address of New Registered Agent  City Free Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL 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 Fiorida. I am fermiliar with, at the United Agent of State of Fiorida agent, or both, in the State of Fiorida. I am fermiliar with, at the United Agent of State of Fiorida agent, or both, in the State of Fiorida. I am fermiliar with, at the United Agent of State of Fiorida agent, or both, in the State of Fiorida. I am fermiliar with, at the United Agent of State of Fiorida agent, or both, in the State of Fiorida. I am fermiliar with, at the United Agent of State of Fiorida agent, or both, in the State of Fiorida. I am fermiliar with, at the United Agent of State Agent agent, or both, in the State of Fiorida. I am fermiliar with, at the United Agent of State Agent agent agent of State Agent agent agent of State Agent a	Principal Plac	e of Business	Mailing Address					•	_		
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Street Address (P.O. Box Number is Not Acceptable)	JEWETT, CHARLES E 2514 HOLLYWOOD BOULEVARD SUITE 508 HOLLYWOOD, FL 33020  City FL Zip Code  City FL Zip Code  6. 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, an the obligations of registered agent agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREST ADDRESS CITY-ST-ZIP  TITLE NAME COLDREN, KINSLEY DAVIE, FL 33325  TITLE NAME SIREST ADDRESS CITY-ST-ZIP  TITLE SIREST ADDRESS CITY-ST-ZIP  TIT	,		Registered Agent							d	
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GHT-ST-ZIP   □ CHT-ST-ZIP   □	CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the info		pertify that the information supplied with	this filing dose not qualify for			Section 110 07/9	(i) Elorida Statuta	e I further seri	ifu shot shor i-	dormoti	

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: ROUND COLORED 2 100 05 954-275-1983

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

RESIDENT PROPERTY OF SIGNING OFFICER OR DIRECTOR

RESIDENT PROPERTY OF SIGNING OFFICER OR DIRECTOR