2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P02000126774

1. Entity Name

PIERRE, CORP.

66004970

1st MOORE   CR2E034 (10/04)

Principal Place of Business	Mailing Address
2453 SW 23 ST MIAMI FL 33145	2453 SW 23 ST MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number 03-0515675   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOZZI, DOTHY
2453 SW 23 ST
MIAMI FL 33145

7. Name and Address of New 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME TOZZI, DOTHY STREET ADDRESS 2453 SW 23 ST CITY-ST-ZIP MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY   00501-0023

DATE OF THIS NOTICE: 05-02-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 03-0515675
FORM: SS-4   NOBOD

66004978
P02000126774

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

PIERRE CORP
% DOTHY TOZZI
2453 SW 23TH ST
MIAMI FL   33145

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

   Thank you for your Form SS-4, Application for Employer Identification Number
(EIN). We assigned you EIN 03-0515675. This EIN will identify your business account,
tax returns, and documents even if you have no employees. Please keep this notice in
your permanent records.

   Use your complete name and EIN shown above on all federal tax forms, payments and
related correspondence. If you use any variation of your name or EIN, it may cause
a delay in processing and may result in incorrect information in your account. It also
could cause you to be assigned more than one EIN.

   If you want to apply to receive a ruling or a determination letter recognizing
your organization as tax exempt, and have not already done so, you should file Form
1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District
Office. Publication 557, Tax Exempt Status for Your Organization, is available at
most IRS offices and has details on how you can apply .