

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90077 012 ***150.00

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DOCUMENT # P04000127834 1. Entity Name PIAWIP CORP.			
Principal Place of Business 3000 N.W. 101 LANE CORAL SPRINGS, FL 33065		Mailing Address 3000 N.W. 101 LANE CORAL SPRINGS, FL 33065	
2. Principal Place of Business 3131 CLINT MOORE RD Suite, Apt. #, etc. 204 City & State BOCA RATON FL Zip 33496 Country USA		3. Mailing Address 5171 D Lake Catalina Dr. Suite, Apt. #, etc. 5171 D City & State BOCA RATON Zip FL Country USA	
4. FEI Number 20-1606294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROODIAN, RICHARD M 9222 BROAD STREET BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name SAM SHATZ Street Address (P.O. Box Number is Not Acceptable) 6413 CONGRESS AVE Suite 230 City BOCA RATON FL Zip Code 33487	
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 fee if applicable</small>		DATE FEBRUARY 18, 2005 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TUCKER, STEPHEN M 1655 PALM BEACH LAKES BLVD. #708 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SHATZ, HAROLD 1655 PALM BEACH LAKES BLVD. #708 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHATZ, SAMUEL G 1655 PALM BEACH LAKES BLVD. #708 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOFF, RICHARD 1655 PALM BEACH LAKES BLVD. # 708 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SAMUEL G. SHATZ	
Date 2/18/05		Daytime Phone # 561-504-2120	