


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000036209		
1. Entity Name JPIERCE INVESTMENTS, INC.		

06 SEP 22 AM 10:00

Principal Place of Business 9561 FONTAINEBLEAU BLVD #203 MIAMI, FL 33172	Mailing Address 9561 FONTAINEBLEAU BLVD #203 MIAMI, FL 33172
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2. Principal Place of Business 10773 NW 58 ST.	3. Mailing Address 10773 NW 58 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT 06 SEP 22 AM 10:00

City & State Miami, FL	City & State Miami, FL
Zip 33178	Zip 33178
Country DADE	Country DADE

4. FEI Number 20-2482172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

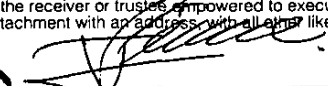
6. Name and Address of Current Registered Agent PIERCE, JAMES 9561 FONTAINEBLEAU BLVD #203 MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name Pierce, James Street Address (P.O. Box Number is Not Acceptable) 10773 NW 58 ST. City Miami, FL Zip Code 33178	
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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 	DATE 9/13/06

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, JAMES 9561 FONTAINEBLEAU BLVD #203 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pierce, James 10773 NW 58 ST Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500090228035 09/27/06--01053--006 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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: 	DATE 9/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

SEP 22 2006