2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2007 8:00 am Secretary of State 02-22-2007 90011 044 ***150.00

DOCUI 1. Entity Name ED PIERO	0	# P0600001	2654			:	02-22-2007			150.00
Principal Place of Business 156 BAREFOOT COVE HYPOLUXO, FL 33462 US Mailing Address 156 BAREFOOT COVE HYPOLUXO, FL 33462 US						 		manan War		1 03 111 (121
2. Principal Pl	aco of Busin	ess - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite. Apt. #. etc.			Suite, Apt. *, atc.			02132007	Chg-P	CR2E03	4 (12/06)	
City & Stato			City & Stato		4. EEI Numb	1173046	<u>, </u>	<u> </u>	plied For I Applicable	
Zip		Country	Zip	Coun	stry	5. Certificate	of Status Desired		8.75 Add ee Required	
	5. Name	and Address of Curren	l Registered Agent		7. Name and Address of New Registered Agent Name					
PIERCE, E 156 BAREI HYPOLUX	FOOT CO				Streat Address	(P.O. Box Numb	er is Not Acceptable)			
					City			FL	Zip Code	3
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 acc										and accept
the obligations of registered agent. SIGNATURE										
SIGNATURE	S-gristure, types	on shriper to emen betride of	nt and bt a 1 spol-catrie (N	d when joinsteing)		DATE				
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.						ADDITIONS	CHANGES TO OFFIC			
TITLE NAME	l .	EDWARD	☐ Delicte	BIL	,				☐ Change	Addition
STREET ADDRESS 156 BAREFOOT COVE CITY-ST-ZIP HYPOLUXO, FL 33462				4	EF ADORESS 7-ST-ZIP				•	
INTLE			☐ Delete	1111					Change	Addition
NAME STREET ADDRESS				HAN STRI	EET ADORESS					
CITY-ST-ZIP			 _		-SI-ZIP			<u> </u>		
NAME			☐ Delete	TITE	I				Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -SI-ZIP					
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CITY-ST-ZIP					-S1-ZIP					
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-S1-ZIP					
TITLE			☐ Delete	Tills	I .				Change	Addition
NAME STREET ADDRESS				NAA Str	IE EET ADDRESS					}
CITY-ST-ZIP		o information - matter	in this filips does not specify		-SI-ZIP	d m Cherry 111	D. Film als Principals	hadha - 17	. New York	
12. Thereby certify that the information supplied with this filling 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 recent purply 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 attaching with an address, with all other like ampounded.										
SIGNATURE: JUNE AND TYPED ON PRINTED NAME SPECIFICATION DIRECTOR DAME SPECIFICATION DIRECTOR DAME CONTINUE AND TYPED ON PRINTED NAME SPECIFICATION DIRECTOR DAME CONTINUE AND TYPED ON PRINTED NAME SPECIFICATION DIRECTOR										