

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90002 025 \*\*\*150.00

**DOCUMENT # P93000033729**

1. Entity Name  
PIPE, INC.



Principal Place of Business

7848 NW 46 STREET  
MIAMI, FL 33166

Mailing Address

7848 NW 46 STREET  
MIAMI, FL 33166

**54059826**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0500457

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROCHA, LUIS  
7848 NW 46 STREET  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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

06/30/04

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROCHA, LUIS  
7848 NW 46 STREET  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

06/30/04

(305) 994-8910

Attachment

57059826

June, 30 2004

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

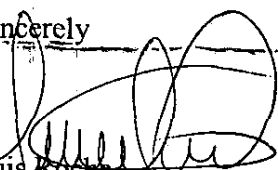
Re: PIRE, INC  
P93000033729

Dear Sir,

Please find enclosed a check in the amount of \$150.00, and Uniform Business Report 2004 for the above named Corporation. The reason a Uniform Business Report was not mailed in timely is we never received the form. Please abate the penalties and accept this \$ 150.00 as the fee for year 2004.

Thank you for your understanding.

Sincerely



Luis Rocha  
President