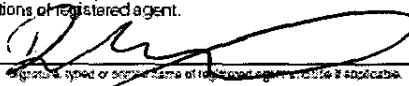
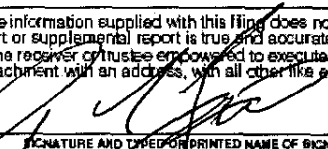


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 043 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000054830					
1. Entity Name DAVID FIERRO & ASSOCIATES CORPORATION					
Principal Place of Business 301 N US HWY 27 SUITE D CLERMONT, FL 34711		Mailing Address 614 E HWY 50 #408 CLERMONT, FL 34711 US			
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 65-0507483	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPORA, RICK 614 E HWY 50 #408 CLERMONT, FL 34711				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  DATE 4/28/04					
NOTE: Registered Agent signature required when not changing					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	CEOC FIERRO, DAVID 10501 MESA LN CLERMONT, FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEOC FIERRO, DAVID 614 E HWY 50 #408 CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFOD CAMPORA, RICK 614 E HWY 50 #408 CLERMONT, FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BIRENBAUM, NEIL 1254 MADISON ST HOLLYWOOD, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BIRENBAUM, NEIL 614 E HWY 50 #408 HOLLYWOOD, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ 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
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)(f), 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 			4-28-04 (352) 241-7024		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		