## 2004 FOR PROFIT CORPORATION

## Apr 05, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P94000070387 1. Entity Name PIEKU ENTERPRISES, INC. Principal Place of Business Mailing Address 2503 S KIRKMAN RD 2503 S KIRKMAN RD ORLANDO, FL 32811 ORLANDO, FL 32811 US 02202004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3298413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EHLERS, PETER DO NOT WRITE 2503 S KIRKMAN ROAD ORLANDO, FL 32811 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EHLERS, PETER U00000102982 04/05/04-80037-024 150.00 2503 S KIRKMAN ROAD STREET ADDRESS CRY-ST-ZIP ORLANDO, FL 32811 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS

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 suppliamental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiper or business 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 playlith an additional path with an additional path of the empowered.

SIGNATURE: A

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

**FILED**