


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90045 030 \*\*\*150.00

**DOCUMENT # P95000002826**  
 1. Entity Name  
**PIERSON GRANT PUBLIC RELATIONS, INC.**



Principal Place of Business 6301 NW 5TH WAY STE 2600 FORT LAUDERDALE, FL 33309	Mailing Address 6301 NW 5TH WAY STE 2600 FORT LAUDERDALE, FL 33309
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**94016362**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0548108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRANT, MARK F  
 200 EAST BROWARD BLVD. 15TH FLOOR  
 FORT LAUDERDALE, FL 33301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, JANE 6301 NW FIFTH WAY FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PIERSON, MARIA 6301 NW FIFTH WAY FT LAUDERDALE, FL 33309
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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:** Maria Pierson MARIA PIERSON 2/12/04 954 746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1998