

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000004909**

**1. Entity Name**  
**PIERCE AND ASSOCIATES A FLORIDA, CORP.**



**Principal Place of Business**  
**5420 SW 134 AVENUE**  
**MIRAMAR, FL 33027 US**

**Mailing Address**  
**5420 SW 134 AVENUE**  
**MIRAMAR, FL 33027 US**



05022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>65-0635485</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**STIRMAN, ROLLIN**  
**2475 NW 38 STREET**  
**MIAMI, FL, FL 33142**

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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 reappointing) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTS</b>
<b>NAME</b>	<b>PIERZCHAJLO, STAN PTS</b>
<b>STREET ADDRESS</b>	<b>5420 SW 134 AVENUE</b>
<b>CITY-ST-ZIP</b>	<b>MIRAMAR, FL 33027</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**12. I hereby certify that the information supplied with this filing 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 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:** STAN PIERZCHAJLO 4-29-08 305 498-9929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #