## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P97000106995 1. Entity Name 04-21-2004 90022 028 \*\*\*158.75 CIERRA TECHNOLOGIES, INC Principal Place of Business Mailing Address 6278 N. FEDERAL HWY 6278 N. FEDERAL HWY FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0820799 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUDZIEN, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1327 SOUTHWEST 48TH TERRACE DEERFIELD BEACH FL 33442 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VP TIT! F □ Delete TITLE Change ☐ Addition GRUDZIEN, DONALEE NAME NAME 1327 SOUTHWEST 48TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP р. TITLE ☐ Delete TITLE Change ☐ Addition NAME GRUDZIEN, EDWARD 1327 SOUTHWEST 48TH TERRACE STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE GRUDZIEN, RICHARD NAME STREET ADDRESS 113 CRUISER ROAD NORTH STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

18,2004 EDMUND GRADSIEN SIGNATURE AND TYPED/OR PRINTED NAME OF

changed, or on an attachment

th an address.

with all other like empowered.

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 tole and accurate and that my signature shall have the same legal effect as if made under eath; 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