## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 08:00 AM **DOCUMENT # P99000077009 Secretary of State** NEW AGE PIERCING PLANET, INC. Principal Place of Business Mailing Address 3070 GRAND AVE 3070 GRAVE AVE COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0953778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, NOEL DO NOT WRITE 19255 SW 264 ST MIAMI, FL 33165 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) U00000780930 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/15/08-80014-020 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE GARCIA, NOEL NAME STREET ADDRESS 153 E. COWPEN LAKE PT. RD. CITY-ST-ZIP HAWTHORNE, FL 32640 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 truster 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: \_\_

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARCIA, PRES. 1 7 08 305-446-0203