

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000095706

1. Entity Name
PIENS CONSULTING SERVICES, INC.



Principal Place of Business
**351 S.E. 13TH AVENUE
POMPANO BEACH, FL 33060**

Mailing Address
**351 S.E. 13TH AVENUE
POMPANO BEACH, FL 33060**



01052006 No Chg-P CR2E034 (11/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959160	Applied For Not Applicable
8. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARISI, PETER R
2832 N.E. 21ST COURT
FT. LAUDERDALE, FL 33305**

**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 _____

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when withdrawing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIENS, BARBARA L
STREET ADDRESS	351 S.E. 13TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

Barbara Piens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Piens

2-1-06

954-946-1510

Date

Daytime Phone #