

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 005 ***150.00

DOCUMENT # P99000102069 1. Entity Name 3 PIERS, INC.					
Principal Place of Business 6801 WALLACE ROAD ORLANDO, FL 32819			Mailing Address 6801 WALLACE ROAD ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 6750 TURKEY LAKE RD		3. Mailing Address 6750 TURKEY LAKE RD			
Suite, Apt. #, etc. STE 300		Suite, Apt. #, etc. STE 300			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32819		Country USA		Zip 32819	
Country USA		Country USA			
4. FEI Number 59-3616025			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NABAVI, MICHAEL 6801 WALLACE ROAD ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6750 TURKEY LAKE RD STE 300 City ORLANDO FL Zip Code 32819		
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: MICHAEL NABAVI, PRES. 7/20/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PV <input type="checkbox"/> Delete NAME NABAVI, MICHAEL STREET ADDRESS 6801 WALLACE ROAD CITY-ST-ZIP ORLANDO, FL 32819			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 6750 TURKEY LAKE RD, STE 300 CITY-ST-ZIP ORLANDO, FL 32819		
TITLE ST <input type="checkbox"/> Delete NAME NABAVI, LINDA STREET ADDRESS 6801 WALLACE ROAD CITY-ST-ZIP ORLANDO, FL 32819			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 6750 TURKEY LAKE RD, STE 300 CITY-ST-ZIP ORLANDO, FL 32819		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: LINDA NABAVI SEC/TYR. 7/24/07 407352-0025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					