2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S41631

1. Entity Name
FIE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2698 NW 38TH ST. BOCA RATON, FL 33434	2698 NW 38TH ST. BOCA RATON, FL 33434

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0247034	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALTIMARI, KAREN
19730 DINNER KEY DR
BOCA RATON, FL 33498

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)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 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	GROSS, IRA
STREET ADDRESS	2698 NW 38TH ST.
CITY-ST-ZIP	BOCA RATON, FL

TITLE	S
NAME	GROSS, IRENE E
STREET ADDRESS	23698 NW 38TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33434

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02/16/07-80038-018 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *IRA GROSS - President*   *2-7-07* 561-994-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #