
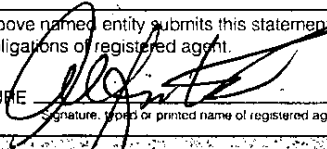


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90145 040 ***150.00

DOCUMENT # S98616 1. Entity Name FIERO & COMPANY, INC.																											
Principal Place of Business 6104 SW 55 CT DAVIE FL 33314		Mailing Address 6104 SW 55 CT DAVIE FL 33314																									
2. Principal Place of Business 6123 Linneal Beach Drive Suite, Apt. #, etc.		3. Mailing Address 6123 Linneal Beach Drive Suite, Apt. #, etc.																									
City & State Apopka, FL		City & State Apopka, FL																									
Zip 32703		Zip 32703																									
Country USA		Country USA																									
4. FEI Number 65-0304903		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 FIERO, ALFONSO 6123 LINNEAL BEACH DRIVE APOPKA FL 32703		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FIERO, AL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6104 SW 55 CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE FL 33314</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	FIERO, AL		STREET ADDRESS	6104 SW 55 CT		CITY - ST - ZIP	DAVIE FL 33314		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Fiero, AL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6123 Linneal Beach Drive</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Apopka, FL 32703</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Fiero, AL		STREET ADDRESS	6123 Linneal Beach Drive		CITY - ST - ZIP	Apopka, FL 32703	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06

Date

Daytime Phone #