

- 2009 -
**2009 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S98616

1. Entity Name
FIERO & COMPANY, INC.



Principal Place of Business
**6123 LINNEAL BEACH DRIVE
 APOPKA, FL 32703**

Mailing Address
**6123 LINNEAL BEACH DRIVE
 APOPKA, FL 32703**

FILED
09 MAY -1 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01072007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0304903 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**FIERO, ALFONSO
 6123 LINNEAL BEACH DRIVE
 APOPKA, FL 32703**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | FIERO, AL |
| STREET ADDRESS | 6123 LINNEAL BEACH DRIVE |
| CITY-ST-ZIP | APOPKA, FL 32703 |

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400155555804
 05/06/09--01039--031 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
 Date

Daytime Phone #

511 aw