2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 08:00 AN tate

			,	_		Secretai	rv ot St
1. Entity Nan	MENT # J30312 NY V. PUGLIESE, INC.						y or St
Principal Plac	ce of Business	Mailing Address					
101 PUGLIE		101 PUGLIESE'S WAY		1			
DETKAA REV	ACH, FL 33444 US	DELRAY BEACH, FL 33444	US				
DO NOT WRITE IN THIS SPA			CE.	02082008 No Chg-P CR2E034 (11/05)			
L.	DO NOT WRITE	N I HIS SPAI	CE.	4. FEI Numb	· .	<u> </u>	Applied For Not Applicable
			•		of Status Desired	\$8.75 Fee Rec	Additional
	6. Name and Address of Current Reg						
REAMER, JOSEPH 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444			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 aignature required when rematating) DATE							
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	~ _ *	5.00 May Be ded to Fees			
10.	OFFICERS AND DIR	ECTORS			1 		
TITLE NAME	PD PUGLIESE, ANTHONY V, III						
STREET ADDRESS	101 PUGLIESE'S WAY				ממממונ	850084	
CITY-ST-ZIP	DELRAY BEACH; FL 33444				03/21/08-	80048-025	150.00
TITLE	V		1				
NAME STREET ADDRESS	PUGLIESE, LAURA K 101 PUGLIESE'S WAY						
CITY-ST-ZIP	DELRAY BEACH, FL 33444						
TITLE	S/T		1				
NAME STREET ADDRESS	REAMER, JOSEPH						
CITY-ST-ZIP	,			DO	NOT W	RITE	
TITLE			1	INI '	тые ер	ACE	

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: (

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP