


**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90012 063 \*\*\*150.00

04-25-1999 90012 064 \*\*\*\*\*8.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V06506</b> 1. Corporation Name <b>PULGY ENTERPRISES, INC.</b>					
Principal Place of Business 3720 N ROOSEVELT BLVD STE 8 KEY WEST FL 33040 US			Mailing Address P O BOX 5484 KEY WEST FL 33045 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3720 N. ROOSEVELT BLVD Suite, Apt. #, etc. 22 SUITE 8 City & State 23 KEY WEST, FL Zip 24 33040			2a. Mailing Address 26 P O BOX 5484 Suite, Apt. #, etc. 27 KEY WEST, FL City & State 28 Zip 29 33045		
3. Date Incorporated or Qualified 01/15/1992			4. FEI Number 65-0394557		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent MADEYA, VICTORIA 807 PEACOCK PLAZA KEY WEST FL 33040			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D NAME ESQUINALDO, JOYCE STREET ADDRESS 807 PEACOCK PLAZA CITY-ST-ZIP KEY WEST FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 2 or Block 13 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

 4/1/99 (305) 592-7009  
 Date Daytime Phone #

CR2E034 (1/198)