
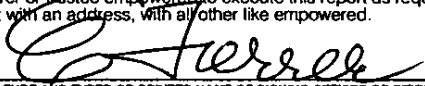


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90265 046 ***150.00

DOCUMENT # 523175 1. Entity Name PUMA, INC.					
Principal Place of Business 175 FONTAINEBLEAU BLVD. SUITE 2-E MIAMI, FL 33172			Mailing Address 175 FONTAINEBLEAU BLVD. SUITE 2-E MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1801722	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERRER, ELISEO J 175 FONTAINEBLEAU BLVD SUITE 2-E MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
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			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD GHELARDI, MARCELLO 2 S. BISCAYNE BLVD. #3400 MIAMI, FL			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS VALDES-FAULI, RAUL E 2 S. BISCAYNE BLVD. MIAMI, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP M Ferrer, Eliseo J 175 Fontainebleau Blvd (Suite#2-E) Miami, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD GHELARDI, MARCELLO 2 S. BISCAYNE BLVD. #3400 MIAMI, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP AS VALDES-FAULI, RAUL E 2 S. BISCAYNE BLVD. MIAMI, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD GHELARDI, MARCELLO 2 S. BISCAYNE BLVD. #3400 MIAMI, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP AS VALDES-FAULI, RAUL E 2 S. BISCAYNE BLVD. MIAMI, FL 00000,		
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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:  1/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					