## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 29, 2007 08:00 AM DOCUMENT # G44759 Secretary of State 1. Entity Name CHEZ PUCHY CORPORATION Principal Place of Business Mailing Address % WARREN EIGEN % WARREN EIGEN 4301 N.W. 7TH ST. 4301 N.W. 7TH ST. MIAMI, FL 33126 MIAMI, FL 33126 CR2E034 (11/05) 01232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2298902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent EIGEN, WARREN DO NOT WRITE 4301 N.W. 7TH ST. MIAMI, FL 33126 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 agont and life & applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPVP TITLE MAKE WARREN, EIGEN U00000610025 STREET ADDRESS 4301 N.W. 7TH ST. 02/02/07-80005-001 150.do CITY - ST-ZIP MIAMI, FL ST TITLE NAME EIGEN, WARREN STREET ADDRESS 4301 N.W. 7TH STREET CITY-ST-7/P MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAVE STREET ADDRESS CATY - ST - ZIP TITLE NAME

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 eath; 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.

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STREET ADDRESS CITY-ST-ZIP IIILE HAME STREET ADDRESS

EVOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN EIGEN

1.24.07

(305) 442 8940