

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 12 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL

DOCUMENT # J10629

1. Entity Name
PUB 44, INC.



Principal Place of Business
1889 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

Mailing Address
1889 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168



09012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2740220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUIAR, GILBERT V
1889 SR 44
NEW SMYRNA BEACH, FL 32168

Name
LOUIS J. TERMINELLO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
TERMINELLO + TERMINELLO, P.A.

2700 SW 37 AVENUE

City
MIAMI

FL Zip Code
33133

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 signature required when reinstating)

09/11/06
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Delete
NAME AGUIAR, GILBERT V.
STREET ADDRESS 1889 STATE ROAD 44
CITY-ST-ZIP NEW SMYRNA BCH FL.

TITLE STD ☒ Change ☒ Addition
NAME LEONARD DEL PERCIO
STREET ADDRESS 957 HARBOR VIEW N.
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE V ☒ Delete
NAME AGUIAR, ELIZABETH A.
STREET ADDRESS 1889 STATE ROAD 44
CITY-ST-ZIP NEW SMYRNA BCH FL.

TITLE PVD ☒ Change ☒ Addition
NAME ROBERT LOWREY III
STREET ADDRESS 2601 SPRUCE CREEK BLVD.
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9/01/06
Date

Daytime Phone #