

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J22347

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** PUGLIESE FINANCIAL CORP.

**Current Principal Place of Business:**

% FRANK T. PUGLIESE  
2801 UNIVERSITY DR., STE. 201B  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2801 UNIVERSITY DR., STE. 201B  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 59-2699869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUGLIESE, FRANK T.  
2801 UNIVERSITY DR., STE. 201B  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PUGLIESE, FRANK T.  
Address: 2801 UNIVERSITY DR #201B  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DV  
Name: PUGLIESE, PATTY A.  
Address: 2801 UNIVERSITY DR #201B  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK T. PUGLIESE

PRES

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date