


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 018 ***150.00

DOCUMENT # K58920 1. Entity Name P.P. PUSKADI & ASSOCIATES, INC.					
Principal Place of Business 1320 STIRLING RD #5AB DANIA, FL 33004 US			Mailing Address P O BOX 221 DANIA, FL 33004		
2. Principal Place of Business - No P.O. Box # 2020 Tigertail Blvd		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. BLDG # 7		Suite, Apt. #, etc.			
City & State Dania, FL		City & State			
Zip 33004		Country US		4. FEI Number 65-0100689	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINBERG, JEFFERY E 4000 HOLLYWOOD BLVD STE 350 NORTH TOWER HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUSKADI, PAUL 1320 STIRLING RD DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUSKADI, PAUL 2020 TIGERTAIL BLVD DANIA, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIORDANO, MICHELE 1320 STIRLING RD DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIORDANO, MICHELE 2020 TIGERTAIL BLVD DANIA, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Michele Giordano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/10/08</u> Daytime Phone #: <u>954-920-2878</u>		