

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85330

Entity Name: A.A. PUIG, JR., P.A.

FILED
May 28, 2005
Secretary of State

Current Principal Place of Business:

% ADOLPH A. PUIG, JR.
10640 SW 77 AVE
MIAMI, FL 33156

New Principal Place of Business:

% ADOLPH A. PUIG, JR.
29048 BEAUCLAIRE DR.
TAVARES, FL 32778

Current Mailing Address:

% ADOLPH A. PUIG, JR.
10640 SW 77 AVE
MIAMI, FL 33156

New Mailing Address:

% ADOLPH A. PUIG, JR.
PO BOX 90
TAVARES, FL 32778

FEI Number: 65-0119502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUIG, ADOLPH A., JR.
10640 SW 77 AVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

PUIG, ADOLPH A JR
29048 BEAUCLAIRE DR.
TAVARES, FL 32778 US

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: ADOLPH A PUIG JR

05/28/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUIG, ADOLPH A., JR.,
Address: 10640 SW 77 AVE
City-St-Zip: MIAMI, FL 33156

Title: TS () Delete
Name: PUIG, ADOLPH A., JR.,
Address: 10640 SW 77 AVE
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: PUIG, JANET C
Address: 10640 SW 77 AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PUIG, ADOLPH A PD
Address: PO BOX 90
City-St-Zip: TAVARES, FL 32778

Title: TS (X) Change () Addition
Name: PUIG, ADOLPH A JR
Address: PO BOX 90
City-St-Zip: TAVARES, FL 32778

Title: VD (X) Change () Addition
Name: PUIG, JANET C
Address: PO BOX 90
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADOLPH A. PUIG JR

PD

05/28/2005

Electronic Signature of Signing Officer or Director

Date