

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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<b>DOCUMENT # L67565</b> 1. Entity Name <b>THE PUMKIN SHELL # 3, INC.</b>						<b>FILED</b> 06 SEP -5 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>% ABELARDO RIVERA</b> <b>1924 MONROE ST</b> <b>HOLLYWOOD, FL 33020</b>				Mailing Address <b>% ABELARDO RIVERA</b> <b>714 NW 32 AVE</b> <b>MIAMI, FL 33125</b>			
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 <b>65-0189751</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>RIVERA, ABELARDO</b> <b>1924 MONROE ST</b> <b>HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PO</b> <input type="checkbox"/> Delete NAME <b>THE PUMKIN SHELL INC</b> STREET ADDRESS <b>1927 MONROE STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100078485741</b> <b>08/08/06--01066--017 **700.00</b>			
TITLE <b>PO</b> <input type="checkbox"/> Delete NAME <b>ABELARDO RIVERA</b> STREET ADDRESS <b>1551 SALVADORA DR</b> CITY-ST-ZIP <b>CORAL GABLE FL 33134</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100078485741</b> <b>08/22/06--01064--001 **100.00</b>			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition _____			
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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date _____ Daytime Phone # _____							

7-26-06