


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90192 045 ***150.00

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DOCUMENT # L78632	
1. Entity Name PUDGE ENTERPRISES, INC.	

Principal Place of Business 741 NE 47TH ST OAKLAND PARK FL 33334 US	Mailing Address 741 NE 47TH ST OAKLAND PARK FL 33334 US
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2. Principal Place of Business 730 NE 47TH ST Suite, Apt. #, etc.	3. Mailing Address 730 NE 47TH ST Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State OAKLAND PARK FL	City & State OAKLAND PARK FL	4. FEI Number 65-0214474	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33334	Country BROWARD	Zip 33334	Country BROWARD
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPADA, MADELYN 741 NE 47TH ST OAKLAND PARK FL 33334	7. Name and Address of New Registered Agent Name SPADA, MADELYN Street Address (P.O. Box Number is Not Acceptable) 730 NE 47TH ST. City OAKLAND PARK FL Zip Code 33334
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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 Madelyn Spada DATE 4/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPADA, MADELYN 741 NE 47TH ST OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPADA, MADELYN 730 NE 47TH ST OAKLAND PARK, FL. 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SPADA, MATTIA 741 NE 47TH ST OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SPADA, MATTIA 730 NE 47TH ST OAKLAND PARK, FL. 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SPADA, LISA 741 NE 47TH ST OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SPADA, LISA 730 NE 47TH ST OAKLAND PARK, FL. 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 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 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: Madelyn Spada 4/21/03 954-234-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)