

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

01-14-2008 90092 003 \*\*\*150.00

DOCUMENT # P00000050074



1. Entity Name  
PEUGOT CORP.

Principal Place of Business  
731 SOUTHWEST 99 TERRACE  
PEMBROKE PINES, FL 33025

Mailing Address

731 SOUTHWEST 99 TERRACE  
PEMBROKE PINES, FL 33025

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-1010823

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PUYO, JOHN  
731 SOUTHWEST 99 TERRACE  
PEMBROKE PINES, FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME PUZO, JOHN  
STREET ADDRESS 731 SW 99 TER.  
CITY-ST-ZIP PEMBROKE PINES, FL 33025

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10 1008 305-777-7693

Date

Daytime Phone #