


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90081 020 \*\*\*150.00

<b>DOCUMENT # P00000066334</b>		
1. Entity Name PUMA TV USA, INC.		

Principal Place of Business 1717 NORTH BAY SHORE DR. #4055 MIAMI, FL 33132-1180 US	Mailing Address 1717 NORTH BAY SHORE DR. #4055 MIAMI, FL 33132-1180 US
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2. Principal Place of Business - No P.O. Box # <i>2655 North Bay Road</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Beach</i>		City & State	
Zip <i>FL</i>	Country <i>33140</i>	Zip	Country

40025001



02202007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1033003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, JOSE LUIS D 1717 NORTH BAY SHORE DR. #4055 MIAMI, FL 33132-1180		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE LUIS D 1717 N BAY SHORE DRIVE #4055 MIAMI, FL 331321180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2655 North Bay Road</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Miami Beach FL 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUISA PEREZ, RODRIGUEZ DV 1717 NORTH BAY SHORE DR #4055 MIAMI, FL 331321180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2655 North Bay Road</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Miami Beach FL 33140</i>
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
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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 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

*2/20/2007*  
Date Daytime Phone #