

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000073181

1. Entity Name  
PULY INVESTMENT, INC.



Principal Place of Business  
2665 S BAYSHORE DR  
SUITE 1001  
COCONUT GROVE, FL 33133

Mailing Address  
2665 S BAYSHORE DR  
SUITE 1001  
COCONUT GROVE, FL 33133



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-6354406

Applied For  
Not Applicable

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

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

VITIER, EBERTO A  
% HIBOU MANAGEMENT, LLC  
2665 SOUTH BAYSHORE DRIVE, SUITE 1001  
COCONUT GROVE, FL 33133

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000126355  
04/23/04-80030-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
JUNCADELLA, AMADEO N  
2665 S BAYSHORE DR, STE 1001  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
VITIER, EBERTO A  
2665 S BAYSHORE DR, STE 1001  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: EBERTO VITIER 4/15/04 305-250-9939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #