

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 25, 2009  
Secretary of State**

DOCUMENT# P00000110452

Entity Name: PUGATCH & ASSOCIATES, P.A.

**Current Principal Place of Business:**

101 NORTHEAST 3RD AVENUE  
SUITE 1800  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

101NORTHEAST 3RD AVENUE  
SUITE 1800  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

101 NORTHEAST 3RD AVENUE  
SUITE 1800  
FT. LAUDERDALE, FL 33301

FEI Number: 65-1058902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUGATCH, CHAD P ESQ.  
101 NORTHEAST 3RD AVENUE  
SUITE 1800  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PUGATCH, CHAD P ESQ.  
Address: 101 NORTHEAST 3RD AVENUE SUITE 1800  
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD P. PUGATCH

D

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date