

2005 FOR PROFIT CORPORATION ANNUAL REPORT


07-05-2005 90222 045 ***150.00
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20061255 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003293
1. Entity Name
PUFICHEK, INC.



Principal Place of Business 284 SEAVIEW DRIVE KEY BISCAYNE, FL 33149	Mailing Address 284 SEAVIEW DRIVE KEY BISCAYNE, FL 33149
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 26-0043707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCES, DIEGO F
284 SEAVIEW DRIVE
KEY BISCAYNE, FL 33149

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCES, DIEGO F 284 SEAVIEW DRIVE KEY BISCAYNE, FL 33149
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[Handwritten Signature]

DO NOT WRITE 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: *[Handwritten Signature]* DIEGO GARCES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #