


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

7/21

FILED
Aug 21, 2003 8:00 am
Secretary of State

07-21-2003 90140 020 ***150.00

DOCUMENT # P02000069281			
1. Entity Name PUIGNAU CONSULTING, INC.			
Principal Place of Business 2030 N.W. 91ST TERRACE PEMBROKE PINES FL 33024		Mailing Address 2030 N.W. 91ST TERRACE PEMBROKE PINES FL 33024	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PUIGNAU, JORGE 2030 N.W.-91ST-TERRACE PEMBROKE PINES FL 33024		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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: <i>Jorge Puignau</i>		Date: 7/10/03 Daytime Phone #: 954-290-3728	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

03039000



CHECK HERE IF MAKING CHANGES

4. FEI Number 82-0560180 Applied For Not Applicable

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

CR2E034 (4/03)

Attachment

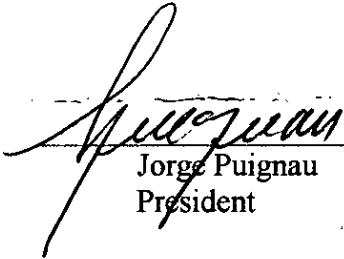
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Puignau Consulting
2030 NW 91 Terrace
Pembroke Pines, FL 33024
954.290.3728

To Whom It May Concern:

This is to inform you that we (Puignau Consulting) did not received the first noticed for the 2003 For Profit Corporation Uniform Business Report (UBR). We are sending the initial fee of \$150. Thanks you,



Jorge Puignau
President