2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000057388

1. Entity Name

PUZINO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8020 N. WICKHAM RD MELBOURNE FL 32940	2415 BAYHILL DR MELBOURNE FL 32940 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

1st MOORE   CR2E034 (10/05)

Zip	Country	Zip	Country

4. FEI Number **73-1668219** | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUZINO, WILLIAM L 2415 BAYHILL DR MELBOURNE FL 32940	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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME PUZINO, WILLIAM L		**NAME**		
STREET ADDRESS 2415 BAYHILL DR		**STREET ADDRESS**		
CITY-ST-ZIP MELBOURNE FL 32940		**CITY-ST-ZIP**		
TITLE VP	☐ Delete	**TITLE** *SAME*	☑ Change	☐ Addition
NAME PUZINO, RICAHRD		**NAME** *PUZINO, RICHARD*		
STREET ADDRESS 701 ANITA DR		**STREET ADDRESS** *SAME*		
CITY-ST-ZIP MELBOURNE FL 32935		**CITY-ST-ZIP** *SAME*		
TITLE	☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME		**NAME**		
STREET ADDRESS		**STREET ADDRESS**		
CITY-ST-ZIP		**CITY-ST-ZIP**		
TITLE	☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME		**NAME**		
STREET ADDRESS		**STREET ADDRESS**		
CITY-ST-ZIP		**CITY-ST-ZIP**		
TITLE	☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME		**NAME**		
STREET ADDRESS		**STREET ADDRESS**		
CITY-ST-ZIP		**CITY-ST-ZIP**		
TITLE	☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME		**NAME**		
STREET ADDRESS		**STREET ADDRESS**		
CITY-ST-ZIP		**CITY-ST-ZIP**		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ WILLIAM PUZINO   2/14/06 (321) 960-3422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #