## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000002126

Entity Name: BONNIE PULLARA, P.A.

FILED Jan 17, 2008 Secretary of State

Entity Nai	me: RONNIE	PULLARA, P.A.				
Current Principal Place of Business:				New Principal Place of Business:		
6444 PAW PL LAND O LAKES, FL 346393912				6444 PAW PL LAND O LAKES, FL 34639		
Current Mailing Address:				New Mailing Address:		
6444 PAW PL LAND O LAKES, FL 346393912				P.O. BOX 503 LAND O LAKES, FL 34639		
FEI Number	: 56-2423698	FEI Number Applied For()	FEI Num	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PULLARA, BONNIE 6444 PAW PL LAND O LAKES, FL 346392912 US  The above named entity submits this statement for the purpose				PULLARA, BONNIE 6444 PAW PL LAND O LAKES, FL 3		
	e of Florida.		pp			
SIGNATURE: BONNIE PULLARA				01/17/2008		
Election Car		iic Signature of Registered Agg Trust Fund Contribution ().	jent		Date	
OFFICERS AND DIRECTORS:			ı	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PULLARA, BÒN 6444 PAW PL	Delete INIE 5, FL 346392912	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	PULLARA, VING 6444 PAW PL	Delete CENT S. FL. 346392912	1	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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: BONNIE PULLARA D 01/17/2008