FILED
Jun 21, 2007 8:00 am
Secretary of State
05-21-2007 90048 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000095365

1. Entity Name
PULSE POSITIONING, INC.

Principal Place of Business
10 VENETIAN WAY #1103
MIAMI BCH, FL 33139

Mailing Address
10 VENETIAN WAY #1103
MIAMI BCH, FL 33139

66019548

DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2997940
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LESMAN, BRUCE
10 VENETIAN WAY #1103
MIAMI BCH, FL 33139

DO NOT WRITE IN THIS SPACE

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)
4/30/07
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LESMAN, BRUCE
STREET ADDRESS	10 VENETIAN WAY #1103
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/13/07
Date
305-535-9601
Daytime Phone #

ATTACHMENT 660195548
P05000095365

PULSEPOSITIONING.COM

> RESEARCH
> STRATEGY
> CREATIVE

Dear Florida Department of State,

I'm sorry but didn receive a postcard or notice to pay the annual fee until my accountant advised me.

Thank you for your consideration.

Bruce Kosman

10 VENETIAN WAY SUITE 1103 MIAMI BEACH, FL 33139 305 535 9601 TEL 866 840 9994 FAX