

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90043 007 \*\*\*150.00

<b>DOCUMENT # P05000098412</b> 1. Entity Name <b>PUJULA SERVICES, INC.</b>																											
Principal Place of Business <b>617 E 22 ST HIALEAH FL 33013</b>		Mailing Address <b>617 E 22 ST HIALEAH FL 33013</b>																									
2. Principal Place of Business - No P.O. Box # <b>617 E 22 ST</b>		3. Mailing Address <b>617 E 22 ST</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Hialeah</b>		City & State <b>Hialeah</b>																									
Zip <b>33013</b>	Country <b>USA</b>	Zip <b>33013</b>	Country <b>USA</b>																								
6. Name and Address of Current Registered Agent  <b>PUJULA SEWERS, INC. 617 E. 22ND ST HIALEAH FL 33013</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ (NOTE: Registered Agent signature required when submitting) _____ DATE _____																											
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>D P LEON, JOSEFA 617 E 22 ST HIALEAH FL 33013</b> <input type="checkbox"/> Delete       </td> </tr> <tr> <td> <b>VP S LEON, JOSEFA 617 E 22 ST HIALEAH FL 33013</b> </td> <td> <input type="checkbox"/> Delete       </td> </tr> <tr> <td> <b>T LEON, JOSEFA 617 E 22 ST HIALEAH FL 33013</b> </td> <td> <input type="checkbox"/> Delete       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Delete       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Delete       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Delete       </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P LEON, JOSEFA 617 E 22 ST HIALEAH FL 33013</b> <input type="checkbox"/> Delete	<b>VP S LEON, JOSEFA 617 E 22 ST HIALEAH FL 33013</b>	<input type="checkbox"/> Delete	<b>T LEON, JOSEFA 617 E 22 ST HIALEAH FL 33013</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																											
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="text-align: right;">Date _____ Day/Date Phone # _____</div>																											