

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-12-2008 90034 042 ***150.00

DOCUMENT # P06000012292 1. Entity Name PELLAR HOLDINGS, INC.			
Principal Place of Business 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134		Mailing Address 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 2150 Coral Way		3. Mailing Address 2150 Coral Way	
Suite, Apt. #, etc. 6B		Suite, Apt. #, etc. 6B	
City & State Miami FL		City & State Miami FL	
Zip 33145		Zip 33145	
Country 		Country 	
4. FEI Number 20-4193662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLAR, MATTHEW 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Matthew Pellar Street Address (P.O. Box Number is Not Acceptable) 2150 Coral Way Suite 6B City Miami FL Zip Code 33145	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME PELLAR, MATTHEW	TITLE 	NAME Matthew Pellar
STREET ADDRESS 1200 PONCE DE LEON BOULEVARD	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 2150 Coral Way 6B	CITY-ST-ZIP Miami FL 33145
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			