


UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 032 ***150.00

40110469

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000052396	
1. Entity Name La Pulga Magazine	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SARASOTA		3. Mailing Address PulgaMagazine@aol.com	
Suite, Apt. #, etc. 531 N BRINK		Suite, Apt. #, etc.	
City & State SARASOTA FL.		City & State SARASOTA FL.	
Zip -	Country	Zip 34237	Country

4. FEI Number 20-4679925	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Luz Ceballos	
	Street Address (P.O. Box Number is Not Acceptable) 531 N BRINK AVE	
	City SARASOTA	FL Zip Code 34237

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 **Luz Ceballos** DATE **5/1/2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Luz Ceballos 531 N BRINK AVE SARASOTA FL. 34237	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Luz Ceballos** DATE **5/1/2007** DAYTIME PHONE # **941-296-55-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)