


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90207 019 \*\*\*158.75

<b>DOCUMENT # P06000066605</b>	
1. Entity Name <b>D-PUG SERVICE CORP</b>	

Principal Place of Business <b>9710 SW 77 TERR MIAMI, FL 33173</b>	Mailing Address <b>9710 SW 77 TERR MIAMI, FL 33173</b>
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**60035358**



2. Principal Place of Business - No P.O. Box # <b>2416 SW 101 CT.</b>	3. Mailing Address <b>2416 SW 101 CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.


04282008 Chg-P CR2E034 (12/06)

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33165</b>	Country <b>MIAMI DABE</b>
Zip <b>33165</b>	Country <b>MIAMI DABE</b>

4. FEI Number <b>20-4868343</b>	Applied For <input type="checkbox"/> Not Applicable
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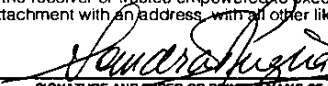
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PUGLIA, SANDRA 9710 SW 77 TERR MIAMI, FL 33173</b>	
7. Name and Address of New Registered Agent Name <b>PUGLIA, SANDRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2416 SW 101 CT.</b> City <b>MIAMI</b> FL <b>33165</b>	

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 	<b>Sandra Puglia / President</b>	DATE <b>04/25/08</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PUGLIA, SANDRA 9710 SW 77 TERR MIAMI, FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PUGLIA, SANDRA 2416 SW 101 CT. MIAMI - FL. 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIAZ, CARLOS M 9710 SW 77 TERR MIAMI, FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIAZ, CARLOS M. 2416 SW 101 CT MIAMI - FL 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.	
SIGNATURE: 	<b>Sandra Puglia / President</b> DATE <b>04/25/08</b> (706) 246-3992
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	