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Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000065843

1. Entity Name
PUIG ENTERPRISES, INC.

66013744

Principal Place of Business	Mailing Address
782 NW LEJEUNE ROAD #428 MIAMI, FL 33126	782 NW LEJEUNE ROAD #428 MIAMI, FL 33126

04172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 N.W. 72 AVENUE	777 N.W. 72 AVENUE
Suite, Apt. #, etc. 3033	Suite, Apt. #, etc. 3033
City & State Miami, Florida	City & State Miami, Florida
Zip 33126 Country	Zip 33126 Country U-SA

4. FEI Number 26-0312138 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUIG, MAGALI L
782 NW LEJEUNE ROAD #428
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name MAGALI L. PUIG
Street Address (P.O. Box Number is Not Acceptable) 777 N.W. 72 AVENUE SUITE 3033
City Miami FL Zip Code 33126

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 Magali L. Puig 4/24/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD PUIG, MAGALI L 782 NW LEJEUNE ROAD #428 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD PUIG, MAGALI L. 777 N.W. 72 AVE. suite 3033 Miami, Fla. 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Magali L. Puig MAGALI L. PUIG, PRESIDENT 4/24/08 (305)442-8093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #