


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 035 ***150.00

DOCUMENT # **PA5000044221**

1. Entity Name
Pure Source, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9750 N.W. 17th Street

3. Mailing Address
9750 N.W. 17th St

Suite, Apt. #, etc.

City & State
Doral FL

City & State
Doral FL

Zip
33172

Country
Dade

Zip
33172

Country
Dade

40053340

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0588961

Applied For
 No, Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Joel Meyerson

Street Address (P.O. Box Number is Not Acceptable)
9750 N.W. 17th Street

City
Doral

FL Zip Code
33172

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 _____ DATE _____

Signature, typed or printed name of registered agent and date (if applicable) (REG-7) Registered Agent signature (required if an individual) DATE

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 True Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pure Source Inc 9750 N.W. 17th St Doral FL 33172	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 true employees.

SIGNATURE: _____ **3/19/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)