


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90043 008 \*\*\*158.75

<b>DOCUMENT # P98000077856</b>	
1. Entity Name <b>PETER J. PUENTES, INC.</b>	

Principal Place of Business <b>9338 WILDWOOD AVE HUDSON, FL 34669 US</b>	Mailing Address <b>9338 WILDWOOD AVE HUDSON, FL 34669 US</b>
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40032303



2. Principal Place of Business - No P.O. Box # <b>11246 PINE FOREST DRIVE</b>	3. Mailing Address <b>11246 PINE FOREST DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152007 Chg-P CR2E034 (12/06)

City & State <b>NEW PORT RICHEY, FL</b>	City & State <b>NEW PORT RICHEY, FL</b>
Zip <b>34654</b>	Country
Zip <b>34654</b>	Country

4. FEI Number <b>59-3531590</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PUENTES, PETER J 9338 WILDWOOD AVE HUDSON, FL 34669</b>	7. Name and Address of New Registered Agent Name <b>PUENTES, PETER J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11246 PINE FOREST DRIVE</b> City <b>NEW PORT RICHEY</b> FL Zip Code <b>34654</b>
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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:  x **4/3/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PUENTES, PETER J 9338 WILDWOOD AVE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11246 PINE FOREST DRIVE NEW PORT RICHEY, FL 34654
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
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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 all other like empowered.

SIGNATURE:  **PETER J. PUENTES** x **4/3/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #