

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 026 ***150.00

DOCUMENT # P99000037286	
1. Entity Name : PUTNAM, INC.	

Principal Place of Business 418 N.E. 5TH STREET FT LAUDERDALE, FL 33301	Mailing Address PO BOX 030399 FT LAUDERDALE, FL 33303
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2. Principal Place of Business 441 N. E. 4th Avenue	3. Mailing Address Suite, Apt. #, etc.
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City & State Fort Lauderdale Florida	City & State
Zip 33301	Country Broward

40005425



01132005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0989585	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FELDMAN, PETER M 418 N.E. 5TH STREET FT LAUDERDALE, FL 33307	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 441 N. E. 4th Avenue	
City FL	Zip Code

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.

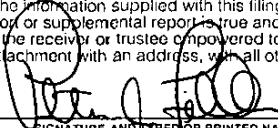
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	D FELDMAN, CECILE 418 N.E. 5TH STREET FT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	441 N. E. 4th Avenue ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, PETER 418 N.E. 5TH STREET FT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	441 N. E. 4th Avenue ☒ 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Peter M. Feldman**
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/18/2005** Daytime Phone: **954-523-4050**