

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # S77116

1. Entity Name  
URSULA PUGA PHOTOGRAPHY, INC.



**FILED  
Mar 28, 2005 08:00 AM  
Secretary of State**

Principal Place of Business  
5801 SW 74 CT  
MIAMI, FL 33143 US

Mailing Address  
5801 SW 74 CT  
MIAMI, FL 33143 US



**DO NOT WRITE IN THIS SPACE**

03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0284118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

PUGA, URSULA  
5801 SW 74 CT  
MIAMI, FL 33143

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IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PUGA, URSULA  
STREET ADDRESS 5801 SW 74 CT  
CITY-ST-ZIP MIAMI, FL

000000218450  
03/26/05-80042-015 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Ursula Puga*

*3-23-05*

*305 662-2259*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #