


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 033 ***158.75

DOCUMENT # J09734 1. Entity Name PET SUPERMARKET, INC.	
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Principal Place of Business 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323 US	Mailing Address 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323 US
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60008892



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2664699	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HINDEN, JON A ESQ WEBBER, HINDEN MCLEAN & ARGITHER, P.A. 4430 S.W. 64TH AVENUE DAVIE, FL 33314
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**DO NOT WRITE
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WEST, CHARLES E., JR. 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEST, CHARLES E., SR. 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO HOLTZ, DIANE E 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FEINBERG, STEVE 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 duly empowered.

SIGNATURE:  **Larry Cohen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Financial Controller** 4/18/07 954-351-0834
Date Daytime Phone #