


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 012 ***150.00

DOCUMENT # P0000022194
 1. Entity Name
ANIMAL WRAPPERS AND DOGGIE WRAPPERS, INC.



Principal Place of Business Mailing Address
6205 NW 108 AVENUE **9265 NW 108 AVENUE**
SUNRISE FL 33351 **SUNRISE FL 33351**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Animal Wrappers, Inc.
5349 Northwest 108th Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Sunrise, FL 33351
Toll Free: 1.888.327.7896

1st MOORE CR2E034 (10/07)

City & State Phone: **954.748.3355** & State Fax: **954.748.9666**

4. FEI Number Applied For
65-0998917 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SILBERBERG, GAIL
6205 NW 108 AVENUE
SUNRISE FL 33351

Animal Wrappers, Inc.
5349 Northwest 108th Avenue
Sunrise, FL 33351

7. Name and Address of New Registered Agent
 Name
 Address (P.O. Box Number is Not Acceptable)
 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 *Gail Silberberg* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SILBERBERG, GAIL	
STREET ADDRESS	2694 OAKMONT	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	SILBERBERG, ANDREW	
STREET ADDRESS	2694 OAKMONT	
CITY-ST-ZIP	WESTON FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gail Silberberg* Date: *4/17/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #