2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-02-2004 90024 027 ***150.00

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1. Entity Name
EL NEIGHBORHOOD PET SHOP, CORP.

Principal Place of Business	Mailing Address
574 HIALEAH DRIVE HIALEAH, FL 33010	15131 NW 32 AVE MIAMI, FL 33054

01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
~~574 Hialeah Drive~~	574 Hialeah Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Hialeah, Florida	Hialeah, Florida
City & State	City & State
Zip 33010 Country USA	Zip 33010 Country USA

4. FEI Number 55-0823762 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SELENE, FELIX L
15131 NW 32 AVE
MIAMI, FL 33054

7. Name and Address of New Registered Agent

Name ~~Yamile Santana~~
Street Address (P.O. Box Number is Not Acceptable) 574 Hialeah Drive
City ~~Hialeah~~ FL Zip Code 33010

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] 1-22-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~DRVS~~ ~~SELENE, FELIX L~~ ~~15131 NW 32 AVE~~ ~~MIAMI, FL 33054~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/S/T Yamile Santana 574 Hialeah Dr, Hia,Fl 33010	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~T~~ ~~SELENE, FELIX L~~ ~~15131 NW 32 AVE~~ ~~MIAMI, FL 33054~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] 1-22-04 (305) 883-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
YAMILE SANTANA.