

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

0195631 AV

04-30-2003 90151 037 ***150.00

DOCUMENT # P02000098856

1. Entity Name
ROCKY'S GROOMING SALON & PET SUPPLIES, INC.



Principal Place of Business
6230 WILES RD
APT 103
CORAL SPRINGS FL 33067
US

Mailing Address
6230 WILES RD
APT 103
CORAL SPRINGS FL 33067
US



2. Principal Place of Business

326 South State Rd 7
Suite, Apt. #, etc.

3. Mailing Address

326 South State Rd 7
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Maitake FL

City & State
Maitake FL

4. FEI Number
04 3715376

Applied For
Not Applicable

Zip Country
33068 Drowand

Zip Country
33068 Drowand

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVIAREZ, BELKIS
6230 WILES RD
APT 103
CORAL SPRINGS FL 33067

Name
Street 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 *Eduardo*
Signature, typed or printed name of registered agent and title if applicable.

Vice President
(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME P ALVIAREZ, BELKIS
STREET ADDRESS 6230 WILES RD
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME VP ZAMORA, EDUARDO
STREET ADDRESS 6230 WILES RD APT 103
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *Vice President*
STREET ADDRESS *Rizemal-Abunassar*
CITY-ST-ZIP *8201 NW 66th Terr. TAMPA FL 33321*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Eduardo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/03 Daytime Phone #

CR2E034 (10/02)