2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90272 044 ***150.00

DOCUMENT # P03000007509

1. Entity Name

WAGS TO WISHES DOGGIE DAY CARE, INC.

Principal Place of Business	Mailing Address
7601 EAST TREASURE DR., CU#9 NORTH BAY VILLAGE FL 33141	7601 EAST TREASURE DR., CU#9 NORTH BAY VILLAGE FL 33141

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
7601 East Treasure Drive	7601 East Treasure Dr
Suite, Apt. #, etc. CU #10	Suite, Apt. #, etc. CU #10
City & State North Bay Village FL	City & State North Bay Village FL
Zip 33141 Country Dade	Zip 33141 Country Dade

4. FEI Number 01-0762376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIMA, SOPHIA
7505 WEST TREASURE DR.
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

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 ______
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
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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARQUET, BARBARA		NAME	
STREET ADDRESS	7505 WEST TREASURE DR.		STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIMA, SOPHIA		NAME	
STREET ADDRESS	7505 WEST TREASURE DR.		STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Sophia Lima 4-20-04 (305) 864-8590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #