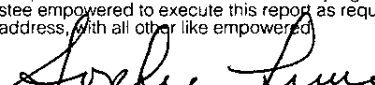


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 7601 EAST TREASURE DR., CU#9 NORTH BAY VILLAGE FL 33141		Mailing Address 7601 EAST TREASURE DR., CU#9 NORTH BAY VILLAGE FL 33141	
2. Principal Place of Business 7601 East Treasure Drive Suite, Apt. #, etc. CU #10		3. Mailing Address 7601 East Treasure Dr 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
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUET, BARBARA 7505 WEST TREASURE DR. NORTH BAY VILLAGE FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIMA, SOPHIA 7505 WEST TREASURE DR. NORTH BAY VILLAGE FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		Date 4-20-04	Daytime Phone # (305) 864-8590



MOORE CR2E034 (11/03)