


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90453 023 ***150.00

DOCUMENT # P03000095207			
1. Entry Name PUPPY UNIVERSE CORP.			
Principal Place of Business 10457 S.W. 40TH STREET MIAMI, FL 33175		Mailing Address 10457 S.W. 40TH STREET MIAMI, FL 33175	
2. Principal Place of Business 27146 South Dixie Hwy Suite, Apt. #, etc. Homestead, FL City & State		3. Mailing Address Same Suite, Apt. #, etc. City & State	
Zip 33032	Country U.S.A.	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 56-2390034	
		Applied For No: Applicable	
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.		7. Name and Address of New Registered Agent	
5. Name and Address of Current Registered Agent HAEDO, ILEANA E 2631 E. OAKLAND PARK BOULEVARD SUITE 203 FORT LAUDERDALE, FL 33306		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP	P SOTO, MARIA E 10457 S.W. 40TH STREET MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	27146 South Dixie Hwy Homestead FL 33032 Soto MARIA E <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP SOTO, MARIA 10457 S.W. 40TH STREET MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Maria E Soto</u>		4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	