## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P96000030445** 04-26-2004 90497 042 \*\*\*158.75 SRR ROSE PET-ALL, INC. Mailing Address Principal Place of Business 3896 BURNS ROAD #2 3896 BURNS ROAD #2 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 5/0 SUSAN R RUMPON C/O SUSAN R 04122004 Cha-P CR2E034 (10/03) 3574-A GHRDENS EAST DRIVE 3528-A GARDEN City & State 4. FEI Number Applied For City & State PALIN BEACH 65-0660305 Not Applicable PALM BEAL \$8.75 Additional Fee Required Zip Ζɨρ 5. Certificate of Status Desired 33410 33410 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UMPOLO SUSAN RUMPOLO, SUSAN R Street Address (P.O. Box Number is Not Acceptable) 3896 BURNS ROAD #2 3528-A GARDENS FAST PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS 33410 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, typed or printed name of registered agent and tiple if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Addition RUMPOLO, SUSAN R 3525-A GARDENS EAST DRIVE RUMPOLO, SUSAN R NAME NAME STREET ADDRESS 3896 BURNS ROAD #2 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP 33410 PAUN BEACH GHRDENS ☐ Change TITLE ☐ Delete ☐ Addition NAME ADDRESS CHANGE: STREET ADDRESS SUSAM R RUMPOLO 3528-A GARDENS EAST DRIVE PARM BEACH GARDENS, FL CITY-ST-ZIP TITLE ☐ Change Addition NAME STREET ADDRESS CMY-ST-7P TITLE Change ■ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change ☐ Addition STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental report is true and accurate and marring supplied by Chapter 607, Florida Statutes. I further certify 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. R RUMPOLO D 4/14/04

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