2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000097157

1. Entity Name
AMADO PET SHOP, INC.

Principal Place of Business	Mailing Address
1891 NW 21 ST	204 SW 57 AVE.
MIAMI, FL 33142 US	MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

04202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2797296	Not Applicable

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

6. Name and Address of Current Registered Agent

RAVELO, GLADYS
1891 NW 21 STREET
MIAMI, FL 33142

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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, 2007 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
   Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	RAVELO, GLADYS
STREET ADDRESS	1891 NW 21 ST
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/02/07-80044-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #