FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90701 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #418563

1. Entity Name
PETFORD CORP.

11037052

Principal Place of Business	Mailing Address
400 LESLIE STREET, #215 HALLANDALE, FL 33009 US	400 LESLIE ST. #1105 215 HALLANDALE, FL 33009 US
150 Canterbury Lane Palm Beach, FL 33480	150 Canterbury Lane Palm Beach, FL 33480
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1510515 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KENNETH WOLOSFSKY
400 LESLIE DR 215
HALLANDALE, FL
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name: MOIRA WOLOFSKY
Street Address (P.O. Box Number Is Not Acceptable)
150 Canterbury Lane
Palm Beach, FL 33480 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] 4/28/03
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, 2003 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 WOLOFSKY, KENNETH 400 LESLIE DR HALLANDALE, FL 00000,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOIRA WOLOFSKY 150 Canterbury Lane Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/28/03 9549252990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #