

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90397 049 ***150.00

DOCUMENT # 442301	
1. Entity Name ALTON GROOMING, INC.	

Principal Place of Business 1757 ALTON ROAD MIAMI BEACH FL 33139 US	Mailing Address 1757 ALTON ROAD MIAMI BEACH FL 33139 US
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2. Principal Place of Business 13100 SW 96 AVE Suite, Apt. #, etc.	3. Mailing Address 13100 SW 96 AVE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI, FL
Zip 33176	Zip 33176
Country MIAMI-DADE	Country MIAMI-DADE

6. Name and Address of Current Registered Agent BERNSTEIN, NORMAN 1757 ALTON ROAD MIAMI BCH. FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13100 SW 96 AVE City MIAMI, FL FL Zip Code 33176
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME BERNSTEIN, NORMAN	TITLE	NAME
STREET ADDRESS 1757 ALTON ROAD	CITY-ST-ZIP MIAMI BCH. FL	STREET ADDRESS 13100 SW 96 AVE	CITY-ST-ZIP MIAMI, FL 33176
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME BERNSTEIN, ELIZABETH	TITLE D	NAME INCLES, RICHARD
STREET ADDRESS 10905 SW 112TH AVE	CITY-ST-ZIP MIAMI FL	STREET ADDRESS 13100 SW 96 AVE	CITY-ST-ZIP MIAMI, FL 33176
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D	NAME BERNSTEIN, ELIZABETH	TITLE	NAME
STREET ADDRESS 10905 SW 112TH AVE	CITY-ST-ZIP MIAMI FL	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<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: Norman Bernstein **4/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #