

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2004 08:00 AM  
Secretary of State

DOCUMENT # 470520

1. Entity Name  
PET HEAVEN MEMORIAL PARK, INC.



Principal Place of Business  
10901 WEST FLAGLER STREET  
MIAMI, FL 33174

Mailing Address  
16115 S.W. 117 AVENUE  
SUITE A-13  
MIAMI, FL 33177



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1159298

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SANTOS, CARMEL  
16115 SW 117 AVE A-13  
MIAMI, FL 33177

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000039366  
02/09/04-80002-007 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
INTAG, LUCY  
16115 SW 117 AVE, A-13  
MIAMI, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
SANTOS, CARMEL  
16115 SW 117 AVE, A-13  
MIAMI, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SANTOS, SERGIO E  
16115 SW 117 AVE, A-13  
MIAMI, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Carmel Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-304 305-971-3033