

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 470520	
1. Entity Name PET HEAVEN MEMORIAL PARK, INC.	



FILED

06 SEP - 1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282006 Chg-P CR2E034 (11/05)

Principal Place of Business 10901 WEST FLAGLER STREET MIAMI, FL 33174		Mailing Address 16115 S.W. 117 AVENUE SUITE A-13 MIAMI, FL 33177	
2. Principal Place of Business		3. Mailing Address \$2 45 NW 109 Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL 331	
Zip	Country	Zip	Country
		33172	

4. FEI Number 59-1159298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANTOS, CARMEL 16115 SW 117 AVE A-13 MIAMI, FL 33177		7. Name and Address of New Registered Agent Name Santos, Carmel Street Address (P.O. Box Number is Not Acceptable) 45 NW 109 Court City Miami FL Zip Code 33172	
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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 Carmel I. Santos 8-28-06
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 600079522316 06/06--01036--021 **61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST INTAG, LUCY 16115 SW 117 AVE, A-13 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 NW 109 Ct Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, CARMEL 16115 SW 117 AVE, A-13 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 NW 109 Ct Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOS, SERGIO E 16115 SW 117 AVE, A-13 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 NW 109 Ct Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENDORFER, JASON 16115 SW 117 AVE A-13 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 NW 109 Ct Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carmel I. Santos 8-28-06 305-485-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #