

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90021 007 ***150.00

DOCUMENT # 470520

1. Entity Name
PET HEAVEN MEMORIAL PARK, INC.



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

Mailing Address
**45 NW 109 COURT
MIAMI, FL 33172 US**

60017970



01162007 No Chg-P CR2E034 (11/05)

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
45 NW 109 COURT
MIAMI, FL 33172**

45 NW 109 Ct

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | ST |
| NAME | INTAG, LUCY |
| STREET ADDRESS | 45 NW 109 COURT |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | PD |
| NAME | SANTOS, CARMEL |
| STREET ADDRESS | 45 NW 109 COURT |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | V |
| NAME | SANTOS, SERGIO E |
| STREET ADDRESS | 45 NW 109 COURT |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | D |
| NAME | SCHOENDORFER, JASON |
| STREET ADDRESS | 45 NW 109 COURT |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carmel Santos Pres. 2-13-07 305-485-5088