2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2008 08:00 Al Secretary of State **DOCUMENT # 498946** 1. Entity Name NEIGHBORHOOD FISH FARM AND PET STORE, INC. Principal Place of Business Mailing Address 12150 S.W. 45TH STREET 12150 S.W. 45TH STREET **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-1660155 Not Applicable Zip Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOAS, DAVID C., C.P.A. Street Address (P.O. Box Number is Not Acceptable) DAVID C BOAS CPA PA 11440 N KENDALL DR #205 MIAM! FL 33176-1024 City Zio 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, typed or printed harve of registered agent and title if applicable, (NOTE: Registered Agent eignature requirer) when reinstitungs DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME BRADWELL, RICHARD U00000911688 '07/08-80051-003 150.00 STREET ADDRESS 12150 S.W. 45TH ST. STREET ADDRESS CHY ST-ZIP MIAMI FL CITY+ST-ZIP TITLE SD Detete TITLE ☐ Change Addition BRADWELL, NANCY NAME NAME 12150 S.W. 45TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7P MIAMI FL CITY-ST-ZIP TITLE Deiete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Derete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Derete Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Derete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP City-St-ZiP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

RICHARD BRADWELL 4/17/8

if changed, or on an

SIGNATURE

FILED