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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H19561

1. Corporation Name

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90249 022 \*\*\*150.00

| K-9 SEN   | ITRY, INC.  |  |   |  |   |  |                           |                        |                                 |                              |                        |                     |                       |                     |               |
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| 2 Principal P   | lace of Business  |  | 2a. Maiting   | Address  |   |  |                           | FEI Num                |                                 |                              |                        | _                   | Ap                    | r lied For          | $\neg$        |
| 2. Frincipal F  | lace of Dusiness  |  | 26  | , 100.000                                      |   |  |                           | 59-254                 | 2406                            |                              |                        |                     | <del></del>           | t Applicab          | le            |
| Suite, Apt.   | #, etc  | <del></del>  | <del></del>   | Apt. #, etc.                                   |   |  |                           |                        |                                 |                              |                        | \$8                 | 3.75                  | A Iditional         | $\neg$        |
| 22  |   |  | 27  |  |   |  | 5.                        | Cenneate               | of Status D                     | esirea                       |                        |                     | Fee Re                | equired             |               |
| City & Stat   | e   |  | City & :  | State  | _   |  | 6.                        | Election               | Campaign Fi                     | nancing                      |                        | \$                  | 5.00                  | May Be              |               |
| 23  |   |  | 28  |  |   |  |                           | Trust F ur             | d Contribution                  | on                           | <del></del> -          |                     | Added '               | tc Fees             | _             |
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|   | 9. Name and   | Address of Curre   | nt Registered A   | gent   |   | AT 31  | 10.                       | Name ar                | d Address                       | of New Re                    | egistere               | Agen                | t                     |                     | $\dashv$      |
| POD   | RIGUEZ, SALV  | NDOD   |   |  | 8   | 1 Name   |                           |                        |                                 |                              |                        |                     |                       |                     |               |
|   | W 28 ST   | ADOR .   |   |  | 8:  | 2 Street Ac  | dress (P.                 | .O. Box N              | umber is No                     | t Acceptal                   | ble)                   |                     |                       |                     |               |
|   | W 20 31<br>EAH FL 33010   |  |   |  | <u> </u>  |  |                           |                        |                                 |                              |                        |                     |                       |                     | $\dashv$      |
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|   |   |  |   |  | 8   | 4 City   |                           |                        |                                 | -                            |                        | 85                  | Zip                   | Code                |               |
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| ! office crr  | registered agent i  | of Sections 607.05<br>or both, in the State<br>and accept the oblig              | or Florida Such   | change was .                                   | authorized b  | v the corbora  | erporation<br>eition's bo | submits<br>pard of cir | this statemer<br>ectors. I here | nt for the poly<br>by accept | t the app              | of chang<br>ointmer | nt as re              | gistered            | i             |
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14. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further cartify that the information indicated on this annual report or supplemental annual 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 eceivar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachipent with an address, with a Lother like empowered.

SIGNATURE:

TOTAL TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* april 15,99 + (305) 888-1773