


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H68225 1. Entity Name PET SUPERMARKET ASSOCIATES, INC.	
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Principal Place of Business
13700 NW 2ND STREET
SUNRISE, FL 33325 US

Mailing Address
13700 NW 2ND STREET
SUNRISE, FL 33325 US



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2563476	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEST JR, CHARLES E
PET SUPERMARKET
13700 NW 2ND STREET
SUNRISE, FL 33325

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	WEST, CHARLES E., SR.
STREET ADDRESS	13700 N.W. 2ND STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	CEO
NAME	WEST, CHARLES E., JR.
STREET ADDRESS	13700 N.W. 2ND STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	PCOO
NAME	HOLTZ, DIANE E
STREET ADDRESS	13700 N.W. 2ND STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	VP
NAME	FEINBERG, STEVE
STREET ADDRESS	13700 N.W. 2ND STREET
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *Diane E. Holtz* **Diane E. Holtz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**
Chief Operating Officer

Date 4/22/04 Daytime Phone # _____