2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2005 08:00 AM DOCUMENT # H68225 **Secretary of State** 1. Entity Name PET SUPERMARKET ASSOCIATES, INC. Principal Place of Business Mailing Address 13700 NW 2ND STREET SUNRISE FL 33325 13700 NW 2ND STREET SUNRISE FL 33325 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2563476 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEST JR, CHARLES E Street Address (P.O. Box Number is Not Acceptable) PET SUPÉRMARKET 13700 NW 2ND STREET SUNRISE FL 33325 City Zip 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 name of registered agent and title if applicable (NCTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. VPD TITLE ☐ Delete TITLE Change ☐ Addition WEST, CHARLES E., SR. 000000229882 13700 N.W. 2ND STREET STREET ADDRESS STREET ADDRESS 02/15/05-80017-021 55.00 CITY-ST-ZIP SUNRISE FL 33325 CITY-S1-7P CFO TITLE Delete Diff.E ☐ Change ☐ Addition WEST, CHARLES E., JR. NAME NAME 13700 N.W. 2ND STREET STREET ADDRESS STREET ADDRESS GITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP THUE PCO0 🗀 Delete Change ☐ Addition NAME HOLTZ, DIANE E STREET ADDRESS 13700 N.W. 2ND STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33325 CHY-SI-BP VP TITLE Delete FITTE Change ☐ Addition FEINBERG, STEVE NAME NAME STREET ADDRESS 13700 N.W. 2ND STREET STREET ADDRESS SUNRISE FL 33325 City-SI-7IP CITY-ST- MP TITLE Delete ☐ Change ☐ Addition NAME NAME SURFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP THE Delete Tib 6 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackment with an address, with all other like exampled Holtz

President

CITY - ST- 7/P

SIGNATURE:

CITY-ST-ZIP

Chief Operating Officer

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