

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # H68225

1. Entity Name
PET SUPERMARKET ASSOCIATES, INC.



Principal Place of Business
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323 US

Mailing Address
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323 US



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2563476	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINDEN, JON A ESQ
WEBBER, HINDEN, MCLEANE & ARBIETER, PA
4430 SW 64TH AVE
DAVIE, FL 33314

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEST, CHARLES E., SR. 1100 INTERNATIONAL PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WEST, CHARLES E., JR. 1100 INTERNATIONAL PKWY SUNRISE, FL 333232840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO HOLTZ, DIANE E 1100 INTERNATIONAL PKWY SUNRISE, FL 333232840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEINBERG, STEVE 1100 INTERNATIONAL PKWY SUNRISE, FL 333232840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/08-80046-012 158.75

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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: Charles E West Jr Charles E West Jr 2/27/08 951-351-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #