



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J02094 1. Entity Name MIAMI PET FOOD WAREHOUSE, INC.				
Principal Place of Business 4777 N.W. 183 ST. MIAMI, FL 33055 US		Mailing Address 4777 N.W. 183 ST. MIAMI, FL 33055 US		
DO NOT WRITE IN THIS SPACE				
				01132005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2645290		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MEDINA, ALBERTO 4777 N.W. 183 ST. MIAMI, FL 33055		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
		1100000190456 01/24/05-80132-024 150.00		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VSD MEDINA, MIRIAM 17415 N.W. 53RD CT. CAROL CITY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD MEDINA, ALBERTO 17415 N.W. 53RD CT. CAROL CITY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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 attachment with an address, with all other like empowered.				
SIGNATURE: X  ALBERTO MEDINA, PRES.		Date _____ Daytime Phone # _____		