2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000016845

Entity Name: PFX PET SUPPLY LLC

FILED Jan 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3885 SEAPORT BLVD SUITE 10 W SACRAMENTO, CA 95691

Current Mailing Address: New Mailing Address:

266 SOUTH COCONUT LANE MIAMI BEACH, FL 33139

FEI Number: 16-1719570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLAN M. LERNER, PA 2888 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Till MODIA (ADDIA)

Title: MGRM () Delete Title: CEO (X) Change () Addition Name: LEVINE, BERN M LEVINE, BERN M

Address: 266 S COCONUT LANE Address: 266 S COCONUT LANE
City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEVINE, MARY H
 Name:

 Address:
 266 S COCONUT LANE
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: MGR () Delete Title: P (X) Change () Addition Name: KRONGOLD, RONNIE Name: DAMBY, CEDRIC

Address: 1111 PARROT JUNGLE TRAIL Address: 3885 SEAPORT BLVD SUITE 10

City-St-Zip: MIAMI, FL 33132 City-St-Zip: W SACRAMENTO, CA 95691

 $\label{eq:title:title:model} \begin{tabular}{lll} Title: & VP & (\) Delete & Title: & M & (X) Change (\) Addition \\ \end{tabular}$

 Name:
 JUSKA, ANDREW
 Name:
 LEVINE, STEVEN

 Address:
 1111 PARROT JUNGLE TRAIL
 Address:
 266 S COCONUT LANE

 City-St-Zip:
 MIAMI, FL 33132
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 LEVINE, MARY H

 Address:
 Address:
 266 S COCONUT LANE

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY H LEVINE MGRM 01/28/2008