

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90236 022 ***150.00

DOCUMENT # L96141 1. Entity Name NOVAPET, INC.			
Principal Place of Business 3665 SW 30TH AVE FT. LAUDERDALE, FL 33312 US		Mailing Address 3665 SW 30TH AVE FT. LAUDERDALE, FL 33312 US	
2. Principal Place of Business 264 BRYAN ROAD Suite, Apt. #, etc.		3. Mailing Address 266 BRYAN ROAD Suite, Apt. #, etc.	
City & State DANIA BEACH FL		City & State DANIA BEACH FL	
Zip 33004	Country	Zip 33004	Country
4. FEI Number 65-0245962		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINGER, EDUARDO 3665 SW 30TH AVE FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name KLINGER EDUARDO Street Address (P.O. Box Number is Not Acceptable) 266 BRYAN ROAD City DANIA BEACH FL Zip Code 33004	
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 _____		DATE 04/20/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KLINGER, EDUARDO 3665 SW 30TH AVE FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KLINGER EDUARDO 266 BRYAN ROAD DANIA BEACH FL 33004 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOROWITZ, SYMCHA 3665 SW 30TH AVE FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOROWITZ SYMCHA 266 BRYAN ROAD DANIA BEACH FL 33004 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____		DATE 04/20/04 (954) 925-7377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	