2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000004334

Entity Name: SATORI PET NETWORK ,INC.

Current Principal Place of Business:

29955 SW 172 AVENUE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

29955 SW 172 AVENUE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 20-2756949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARDOLINO, CHRISTIE
29955 SW 172 AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: ARDOLINO, CHRISTIE
Address: 29955 SW 172 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: ST ( ) Delete
Name: ARDOLINO, CHRISTIE
Address: 29955 SW 172 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D ( ) Delete
Name: HARPER, SAMANTHA
Address: 18441 SW 206 STREET
City-St-Zip: MIAMI, FL 33187 US

Title: D ( ) Delete
Name: SOTORRIO, RENE
Address: 800 DOUGLAS RD., SUITE 209
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIE L. ARDOLINO PVD 05/01/2006

Electronic Signature of Signing Officer or Director — Date