

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006034

FILED
Apr 20, 2007
Secretary of State

Entity Name: PETS 2 LUV, INC.

Current Principal Place of Business:

1910 W 56TH ST #3307
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

P O BOX 310396
MIAMI, FL 33231

New Mailing Address:

FEI Number: 20-5048245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 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: DP () Delete
Name: SANCHEZ, JOAN A
Address: 6405 COWPEN RD #106
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: LAYERLA, MARTIN D
Address: 1560 NE 127TH ST
City-St-Zip: N MIAMI, FL 33161

Title: D () Delete
Name: AGUIAR, ALEX
Address: 6405 COWPEN RD #106
City-St-Zip: MIAMI LAKES, FL 33014

Title: V () Delete
Name: LEYVA, LAURA
Address: 831 9TH ST
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LAYERLA, DENNYS M
Address: 1560 NE 127TH ST
City-St-Zip: N MIAMI, FL 33161

Title: D (X) Change () Addition
Name: AGUIAR, ALEX J
Address: 6405 COWPEN RD #106
City-St-Zip: MIAMI LAKES, FL 33014

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: JOAN A SANCHEZ

DP

04/20/2007

Electronic Signature of Signing Officer or Director

Date