

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000010238

1. Entity Name
PET GUARDIANS, INC.



Principal Place of Business
8764 SW 12 ST #108
MIAMI, FL 33174

Mailing Address
PO BOX 441928
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03182008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5531470

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JOSE L
8764 SW 12 ST #108
MIAMI, FL 33174

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SANCHEZ, JOSE LUIS
STREET ADDRESS 2960 SW 78 AVE
CITY-ST-ZIP MIAMI, FL 33155

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

8764 SW 12 ST #108
Miami, FL 33174

TITLE D
NAME SANCHEZ, ELDA C
STREET ADDRESS 2960 SW 78 AVE
CITY-ST-ZIP MIAMI, FL 33155

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

3260 SW 84 Ave
Miami, FL 33155

TITLE D
NAME MORA, OYRANA J
STREET ADDRESS 2960 SW 78 AVE
CITY-ST-ZIP MIAMI, FL 33155

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

8764 SW 12 ST #108
Miami, FL 33174

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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose L Sanchez

3/14/08

(305) 710-6129

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date