




**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000027802			
1. Entity Name DIANE'S PET STYLING, INC.			
Principal Place of Business 4248 FOREST HILL BLVD. WEST PALM BEACH, FL 33406	Mailing Address 4248 FOREST HILL BLVD. WEST PALM BEACH, FL 33406		
DO NOT WRITE IN THIS SPACE			
		01132008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1005223	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEONARDI, DIANE 913 ISLAND SHORES DR. WEST PALM BEACH, FL 33413		DO NOT WRITE IN THIS SPACE	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000796643 01/29/08-80041-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS LEONARDI, DIANE 4248 FOREST HILL BLVD WEST PALM BEACH, FL 33406		
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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 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: 		01/19/08 (561) 432 2021	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	