

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90006 004 ***150.00

DOCUMENT # P00000104110

1. Entity Name
ANIMAL SUPPLY OUTLET, INC.



Principal Place of Business

**313 NE 2ND STREET
UNIT 605
FORT LAUDERDALE, FL 33301 US**

Mailing Address

**313 NE 2ND STREET
UNIT 605
FORT LAUDERDALE, FL 33301 US**

50023597



07242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1051399

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZENIL, MARIA
313 NE 2ND STREET
UNIT 605
FORT LAUDERDALE, FL 33301**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZENIL, MARIA
313 NE 2ND STREET UNIT 605
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/24/06 954-467-5000

ATTACHMENT

Animal Supply Outlet

313 NE 2nd Street Unit 605
Fort Lauderdale, FL 33301

Tele: 954.467.5000
Fax: 954.467.0505

50023597
#P00000104110

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

July 24, 2006

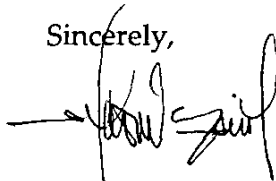
Dear Clerk,

Due to a change of address, we did not receive a notice to file for our Annual Report earlier in 2006 as usual. We did, however, receive the notice of intent to dissolve, so the address now on file is correct.

I am including the \$150 annual fee and now believe there will be no further issues with the address change.

I may be reached at the above address and phone numbers if there are any inquiries.

Sincerely,



Maria Zenil