

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000034133

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** CRAZY TAILS GROOMING SALON, INC

**Current Principal Place of Business:**

7590 NW 186TH STREET  
107  
MIAMI, FL 33015

**New Principal Place of Business:**

7590 NW 186TH STREET  
SUITE 107  
MIAMI, FL 33015

**Current Mailing Address:**

7590 NW 186TH STREET  
107  
MIAMI, FL 33015

**New Mailing Address:**

7590 NW 186TH STREET  
SUITE 107  
MIAMI, FL 33015

**FEI Number:** 05-0522711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALVO, HUMBERTO  
143 KILPATRICK ROAD  
CLEWISTON, FL 33440 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: D  
Name: CALVO, HUMBERTO  
Address: 143 KILPATRICK ROAD  
City-St-Zip: CLEWISTON, FL 33440

Title: VP  
Name: CALVO, CARMEN  
Address: 143 KILPATRICK ROAD  
City-St-Zip: CLEWISTON, FL 33440

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HUMBERTO CALVO

D

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date