FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90710 032 ***150.00

DOCUMENT # P01000041800 1. Entity Name BOTANICA PET SHOP OSIMBA CORP 44043586 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 4426 426 East 43rd St 3. Mailing Address 426 East 43rd St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State HHialeah Florida City & State Hialeah 4. FEI Number 65-1096634 Florida Not Applicable CountryUSA ^{Zip} 33013 Country IJSA \$8,75 Additional 33013 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Caballero, Carmen B. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 426 East 43rd St Zip Code 33013 **Hialeah** 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 Fiorida Signature, typed or printed name of registered agent and title if applicable. (NO1E: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE CABALLERO, CARMEN B. NAME STREET ADDRESS 426 East 43rd St STREET ADDRESS CITY-ST-ZIP Hialeah F1 33013 CITY, ST-ZIP DVP NITLE THLE MAME HERNANDEZ, BERNANDO NAME STREET ADDRESS 426 East 43rd St STREET ADDRESS CITY-ST-ZIP---Hialeab Fl 33013 NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE TITLE STREET ADDRESS STREET ADDRESS CHY-ST- AP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

4/30/04 (301) 362-9139